Sumter County Schools-School Health Services
Individualized Health Care Plan

Student's Name:_____ Date of Birth:_____

Student's Address:_____

Age:___ Grade:___ Teacher:_____ School:_____

Parent/Guardian:_____ Phone #1:_____
_____ Phone #2:_____

Physician name:_____ Phone #:_____
Allergies:_____

Diagnosis:_____

Description: _____

Signs & Symptoms: _____

Physical, Mental, &/or Social Problems:_____

_____

Medications:_____

Interventions: _____

_____

Special Instructions/Precautions in daily activities: _____

_____

Additional comments: _____
_____

Parent Signature: _____ Date: _____

School Health Signature: _____ Date: _____