



Individualized Healthcare Plan (IHP)

Emergency Action Plan (EAP)

Dear Parent or Guardian:

One of the responsibilities of the school nurse is to manage students' special health needs during the school day. One way I do that is to work with parents and school staff to develop a plan for day to day care (called an Individualized Healthcare Plan or IHP) and a plan for potential emergency situations (called an Emergency Action Plan or EAP).

These plans help teachers and school staff to either prevent emergencies, or care for a student during an emergency before the school nurse arrives. Each plan must be reviewed and approved by the parent before giving it to school staff.

I have enclosed a copy of the IHP/EAP for your child. Please review the plan and circle what applies to your child. Feel free to make any changes you feel are necessary. Please sign and date the plan at the bottom. Your signature indicates that you agree with the plan, and agree that it can be distributed to school staff that may have contact with your child during the school day.

If you have any questions, please do not hesitate to contact me.

Thank you for your prompt response.

Stephanie Knapke, BSN, RN

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INDIVIDUALIZED HEALTH CARE PLAN GENERAL

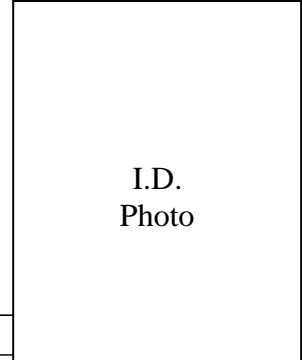
Name of Student _____

Grade _____ Homeroom _____ Bus Rider (circle) YES NO Bus # _____

Additional health concerns: _____

Parent/Guardian Name _____ (mom) _____

Phone: (home) _____ (work) _____



Health Condition _____

Signs/Symptoms _____

Action to be taken

School Environment Accommodations _____

Medication	Dosage	When to Use

Additional Instructions: _____

Emergency contact #1			
Name _____	Relationship _____	Phone (h) _____	(w) _____
Emergency Contact #2			
Name _____	Relationship _____	Phone (h) _____	(w) _____
Emergency Contact #3			
Name _____	Relationship _____	Phone (h) _____	(w) _____
Child's Physician _____		Phone _____	
Parent/Guardian Signature _____			Date _____

Any revision to the student's IHP or EAP requires a new form to be completed, signed and dated by parent.