



**Parent Individual Healthcare Plan Information Form**

1. Does your child have a medical condition or illness that requires routine or emergent care during the school day? Yes No

If yes, what is the name of the condition?

2. When and how often is this medical condition a problem for your child?

3. How does the condition or illness affect your child when the symptoms are most serious?

4. Please list all medications your child currently takes (over the counter and prescription).

5. Have there been any important changes within the family recently (i.e. moves, births, death, serious illness (family member, friend), separations/divorce): Yes No  
If yes, please identify the changes and when they occurred:
6. Describe your child's behavior and relations with others peers, siblings, neighbors, and parents (i.e. get along well with others, social, affectionate, withdrawn):
7. Information from a medical provider can be very helpful in determining how to best meet your child's needs. Please provide any pertinent medical records.
8. Is there any other information about your child that you would like the school staff to know?

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Parent/Guardian Name (PRINT)

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Parent/Guardian Signature



**Center for Disabilities**