



Parent Individual Healthcare Plan Information Form  
**Pepa in Melele ko jen Mama/Papa**

1. Does your child have a medical condition or illness that requires routine or emergent care during the school day? **Ewor ke juōn an ajiri ne nejūm nañinmej eo me ej aikuj jibañ kake ilo an bed ilo jikuul?**

Yes/Aet  No/Jaab

If yes, what is the name of the condition? **Ne aet, etan nañinmej ne?** \_\_\_\_\_

\_\_\_\_\_

2. When and how often is this medical condition a problem for your child?  
**Naat im ewi ikkutkut in an ajiri ne nejūm bōk nañinmej ne an?**

\_\_\_\_\_

3. How does the condition or illness affect your child when the symptoms are most serious? **Ialmen an nañinmej ne jelet ajiri ne nejūm ñe kakōlle relukkun lap im kajoor?**

\_\_\_\_\_

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

**Jouj im kalaajraki aolepen uno ko ajiri ne nejūm ej būki kiō (uno ko jen taktō im ko jen mōn wia ko)** \_\_\_\_\_

\_\_\_\_\_

5. Have there been any important changes within the family recently (i.e. moves, births, death, serious illness (family member, friend), separations/divorce):

**Ekar ke wor oktak aurōk ibben baamle ne iloan raan ko rej mootlōk (einwot: emmakit jen jikin ñan jikin, lotak, mij, nañinmej ko rellap (uan baamle ne, mōttami, jebel):**

Yes/Aet  No/Jaab

If yes, please identify the changes and when they occurred:

**Ne aet, jouj im kwalōk oktak rōt im ñaat:** \_\_\_\_\_

\_\_\_\_\_

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relations with others peers, siblings, neighbors, and parents (i.e. get along well with others, social, affectionate, withdrawn):

**Kōmeleleiki mwilin im wāwein ajiri ne nejūm ibben ajiri ro drettan wot, ro jein im jatin, ro rej jokwe turimi, im jinen/jemen (einwōt: kareijar ibben ro jet, bed im makitkit ibbāer, kwalōk an iakwe, makoko):**

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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.

**Melele ko jen taktō remaroñ lukkun jibañ ilo ad kajjeoñ in bukōt wāwein ko rejejjōt tata nān kabwe aikuj ko an ajiri ne nejūm. Jouj im letok jabdeiwot melele ko jen taktō kin nañinmej in.**

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8. Is there any other information about your child that you would like the school staff to know?

**Ewor ke jabdeiwōt bar melele kin ajiri ne nejūm im kwoj kōnaan bwe rijerbal ra an jikuul e ren jelā kake?**

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Parent/Guardian Name (PRINT)

**Etan Jinen/Jemen/Armej eo ej Eddroiki (JEIKI)**

Parent/Guardian Signature

**Jaini etan Jinen/Jemen/eo ej Eddroiki**



**Center for Disabilities**

