



FULTON SCIENCE ACADEMY
— Private School —

INDIVIDUAL HEALTH CARE PLAN 20__-20__

CONFIDENTIAL

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Student _____ Grade _____
Date of Birth _____
Date _____

Health Information for Nurse, Teacher & Staff:

_____ has a health condition of which you as his/her teacher need to be aware. The description of this problem, as well as emergency care and individual considerations, are stated below:

Medical Diagnosis/Condition: _____

Action: _____

Individual Considerations: _____

Parent Signature Date

Physician Signature Date