

**DEER LAKES SCHOOL DISTRICT**

**Individualized Health/Emergency Care Plan**

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**(Insert disease/ disorder)**

School Year\_\_\_\_\_

Name\_\_\_\_\_ Grade\_\_\_\_\_ Age\_\_\_\_HR \_\_\_\_\_

Describe what happens during a flare-up/episode:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some possible symptoms/triggers of the disease/disorder?

\_\_\_\_\_

Are there any symptoms, warnings and/or behavior changes before the flare-up/episode?

\_\_\_\_\_

How long does it last?\_\_\_\_\_

Does the student know if they are about to have a flare-up/episode? \_\_\_\_\_

What happens immediately after? \_\_\_\_\_

Student's reaction to a flare-up/episode is\_\_\_\_\_

and the best way to handle it is\_\_\_\_\_

How long should the student wait after their flare-up/episode before returning to the regular school schedule?

\_\_\_\_\_

Average frequency of flare-up/episode(s): \_\_\_\_\_daily \_\_\_\_\_weekly \_\_\_\_\_monthly  
\_\_\_\_\_yearly \_\_\_\_\_other:\_\_\_\_\_

Usual time of the day the flare-up(s)/ episode(s) occur\_\_\_\_\_

How long has student had disorder/disease?\_\_\_\_\_

Is student taking medication for disease/disorder?\_\_\_\_ Yes \_\_\_\_No

Name of Medication:\_\_\_\_\_

Does your child wear a medic alert tag? \_\_\_\_Yes \_\_\_\_No

**MANAGEMENT OF DISORDER/DISEASE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTIVIATE EMS IF:

\_\_\_\_\_

DO NOT ACTIVATE EMS\_\_\_\_\_ (CHECK)

NOTIFY PARENT/GUARDIAN \_\_\_\_\_ YES \_\_\_\_NO

Check any special considerations related to your child's disorder/disease while at school and describe them:

Education

concerns:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emotional/Behavioral

Concerns:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nutritional Concerns:

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Physical education precautions:

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Recess Precautions:

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Special considerations for field trips:

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Special consideration for bus ride to and from school:

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Is there anything else you would like to share that would better help us meet your child's needs?

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My signature below indicates that I have completed the above information and agree with the recommended actions. I also authorize

the release of this Individualized Health Care Plan to the employees of Deer Lakes School District.

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**\*\*Parent's Signature**

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**Date**

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**\*\*Physician's Signature**

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**Date**