

# INDIVIDUAL HEALTH ACTION PLAN

## Elkhart Lake-Glenbeulah School District

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/HR \_\_\_\_\_

**Health Action Plan For** \_\_\_\_\_

**If you see this...**

**Do this...**

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This plan will be used in case of emergency; it will accompany students off school property. This information may be shared with the classroom teacher(s), administrators, aides, and other appropriate school personnel with a need to know.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

**FAX:** Elementary/Middle School 920-920-876-3105, High School (920) 876-3511