

INDIVIDUALIZED HEALTH PLAN FORM

UPDATED	
STUDENT'S NAME	DATE OF BIRTH
UPDATED	
HEALTH HISTORY	
ALLERGIES	
PARENT/GUARDIAN	
ADDRESS	
PHONE NUMBERS	
MOM'S WORK	DAD'S WORK
PAGER	MOBILE PHONE
SCHOOL	YEAR
DOCTOR	HEMOPHILIA CENTER CONTACTS

Specific Procedures/Plans for Bleeding Episodes:

1. Any external bleeding for a cut, scrape or laceration:
2. If laceration requires stitches:
3. If (child) states he is having a bleeding episode (internal); complains of tingling, bubbling pain, stiffness, or decreased motion in any limb; appears to have swelling in a body part (usually a joint), which is warm to touch; or appears to be favoring an arm or leg more than usual or limps:
4. If (child) suffers a blow to the head, neck, or abdomen:
5. In case of any other complaints or injury:
6. In case of a typical nosebleed:

People Trained to Provide Specific Procedures/Needs:

All staff working with (child) should be aware of his healthcare needs. Should additional questions or inservicing be desired, please contact (district nurse). Factor infusions, if they become necessary at school, will be given by _____.

Emergency Plan:

In case of any life-threatening injury, call 911 and notify parents.
If 911 is called, send a copy of this IHP with emergency personnel.

Nursing Services:

(Names of school district nurses)

I have read and agree with the above healthcare plan.

_____ Parent
 _____ School/Teacher/Caregiver
 _____ Date