

LAFAYETTE COUNTY SCHOOL DISTRICT

Lafayette County High School

1209 Alexander Lane

Stamps, AR 71860

INDIVIDUALIZED HEATHCARE PLAN (Individual Health Care Plan) ADDENDUM

FOR _____ TO _____ School Year

Student Name: _____

Date of Birth: _____

Grade: _____

List the Student’s medical Condition(s): _____

List Healthcare service(s) required at school: _____

Medications at school: _____

Medication at home: _____

List any changes in the student status, medication(s), or routine from the most recent Individualized Health Care Plan:

Parent

Date

Parent

Date

Physician

Date

Registered Nurse

Date