INDIVIDUALIZED EMERGENCY HEALTH CARE PLAN

SCHOOL YEAR____________ CAMPUS_____________

NAME:	DOB:	Regular IHCP ❑ 504 IHCP ❑
HEALTH CONCERN(S)/ DIAGNOSIS:		
Health Action Plan:		
FOOD OR DRUG ALLERGIES:		
DIETARY CONCERNS/RESTRICTIONS:		
EMOTIONAL/ BEHAVIORAL CONCERNS:		

Medications:	**Dose/Time:**

Parent Signature:	**Date**:
M.D. Signature (**or Med. Authorization form**):	**Date**:

CONTACT INFORMATION

Parent/Guardian:	**Home phone:**
1.______________________	Work:____________________ Cell:___________________
2.______________________	Work:____________________ Cell:_____________________

Primary Care Physician:	**Teacher**:
Emergency contact:	**Phone:**

Copies: □ Parent □ Teacher _________________ □ PE □ Library □ Music □ Transportation □ Nurse □ Cafeteria

Canutillo Independent School District does not discriminate on the basis of race, color, national origin, gender, age, or disability in its employment practices or in providing education services, activities, and programs, including technical education programs. For additional information regarding Canutillo Independent School District's policy of nondiscrimination contact: Executive Director for Human Resources, (915) 877-7423, 7965 Artcraft Road, El Paso, Texas 79932.

El Distrito Escolar Independiente de Canutillo discrimina en cuanto a raza, color, origen, género, edad o discapacidad en lo que se refiere a sus prácticas de empleo o a proveer servicios, actividades y programas educativos y vocacionales. Para mayor informacíon respect a la politica de no discriminacíon del DistritoEscolar Independiente de Canutillo, favor de contactar a: Director Ejecutivo de Recursos Humanos, (915) 877-7423, 7965 Artcraft Road, El Paso, TX 79932

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