

**Individual Healthcare Plan**

Student's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIALITY STATEMENT**

**These medical records are confidential and protected by law.  
This information is to be shared with the following team members only:**

<b>Parent/Guardian</b>	
<b>Parent/Guardian</b>	
<b>Principal</b>	
<b>Teacher</b>	
<b>School Nurse</b>	
<b>School Counselor</b>	
<b>School Doctor</b>	
<b>Social Worker</b>	
<b>Behavioral Specialist</b>	
<b>Parent/Guardian Caregiver Signature:</b>	
<b>Date:</b>	

**OPTIONAL: This information may be shared by anyone  
involved in my child's educational program.**

<b>Parent/Guardian Caregiver Signature:</b>
<b>Date:</b>