

St Peter Catholic School
Confidential Individualized Healthcare Plan
 Tara Cuccinelli RN, MS, CNS 719-481-1855

2021-2022

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Student Name:

Birth Date

Grade

Parent/Guardian:	Name & Phone #
Emergency Contact:	Name, Relationship & Phone #
CURRENT HEALTH ISSUES	
PERTINENT HEALTH HISTORY	
CURRENT MEDICATIONS:	AT HOME: AT SCHOOL:
ALLERGIES:	
RESTRICTIONS:	relevant activity/diet
ADDITIONAL INFORMATION:	
HEALTH CONCERN(S):	To be completed by nurse
Concern:	Goal: Action: <input type="checkbox"/>
Concern:	Goal: Action: <input type="checkbox"/>
Concern:	Goal: Action: <input type="checkbox"/>
This service is medically necessary through the following dates, not to exceed one year. Start Date: End Date:	

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and equipment devices. I approve this Individualized Healthcare Plan for my child.

parent/guardian date

school nurse date

health care provider
date

administrator
date

student (optional)
date