

Student Name: _____ DOB: _____ Date of Meeting: _____

HEALTH MANAGEMENT PLAN

Diagnosis:

Student requires medication or specialized health care procedures in order to participate in classroom activities.

Goal: _____ will participate in medication and/or treatment by

Medication objective: _____ will receive _____
by mouth, G-I tube, topically, by drops at prescribed times as per medical orders as administered by trained and designated school site or classroom personnel.

Specialized health care procedure/objective: _____ will receive _____ with
_____ at prescribed times per day per medical orders. Designated personnel will be responsible for the procedure under the supervision of the school nurse.

Other: