

# The Community School of West Seattle

## Individual Health Plan

Complete this form if your child has serious health conditions and/or they take medication at home.

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Parent/Guardian/s Name and phone #
Emergency Contact Name and Phone #
Child's Diagnosis:
Health Professionals working with your child:
Emergencies that might arise and how to handle them:
Medications your child is on or takes 'as needed':
Accommodations:
Special Materials or equipment needed/used:
Training our staff might need:
Anything else you would like us to know in regards to your child's condition: