**Student Health Plan (If Needed)**

II. Health Plan *(School Nurse must participate in writing this section – Student’s physician should also be consulted.)*

 A. Summary of medical needs and current medications

|  |  |
| --- | --- |
| Action      | Person Responsible      |

III. Evacuation Plan *(Student’s physician should be consulted. Nurses and/or physical therapist may need to participate.)*

|  |  |
| --- | --- |
| Action      | Person Responsible      |

Next Review Date: