PLYMOUTH JOINT SCHOOL DISTRICT
CONFIDENTIAL HEALTH INFORMATION
Student Health Services

Insert Photo

INDIVIDUALIZED HEALTH PLAN

School Year: _____

Student Name		**Grade**	
Teacher		**Grad Year**	

Emergency Contact Information:
(Please provide, in order, where to call in an emergency during the school day)

	Name	Number	Cell/Work/Home	Relationship
1				
2				
3				
4				

School Nurses: 920-892-5100 Anne Nelson, RN (Grades 4K - 5)
Jeanna Rortvedt, RN (Grades 6 - 12)

CONDITION:

Other Information:

This Individual Health Action Plan will be used in an emergency.

This information may be shared with the classroom teachers, administrators, aides, bus drivers and other appropriate personnel with a need to know.

Memo of understanding:
- It is understood that a Health Action Plan will be completed and signed annually
- It is understood that emergency medication will be provided at school
- It is understood that the school nurse will be notified of any changes in the health plan

Parent / Guardian Signature: _____ Date: _____