

St. Isidore School  
SPECIAL HEALTH NEEDS PLAN

School Year \_\_\_\_\_

**Please complete this form if your child has any medical conditions, issues, chronic or acute illnesses, medications, physical limitations, history of serious injuries or previous surgeries that the school should be made aware.**

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**CURRENT HEALTH ISSUES AND MEDICAL HISTORY:**

What is your child's medical condition, health issue, chronic or acute illness, physical limitations or medical history? Please describe anything that school personnel should be aware of:

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Is your child currently under care for this condition?                      Yes      No

**ALLERGIES AND ASTHMA:**

Does your child have any allergies?                      Yes      No

Please list any allergies to food, bee stings, medication or other allergens: \_\_\_\_\_

Please explain your child's reaction to any of the above listed allergens: \_\_\_\_\_

Does your child have asthma?      Yes      No      Age of onset: \_\_\_\_\_

Does your child use an inhaler?      Yes      No      How often? \_\_\_\_\_

Does your child have an epi-pen?      Yes      No

**MEDICATIONS:**

Does your child take any medications on a regular basis?      Yes      No

If yes, please list medication(s) and reason for medication(s): \_\_\_\_\_

**PLAN:**

Please list any special daily needs other than medication (i.e. blood sugar testing, modifications, etc.): \_\_\_\_\_

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If applicable, please describe how your child's condition is manifested (i.e. symptoms, signs of distress, specific triggers, etc.):

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In the event of an emergency, we will call 911 and, if applicable, we will implement the student's Emergency Action Plan. In a non-emergent situation, please explain any steps you would like school personnel to take to assist your child:

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**Physician's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
(signature not required)

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father's Cell Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mother's Cell Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_