

# General Health Care Plan

**Student Name:** \_\_\_\_\_

**Grade/Team:** \_\_\_\_\_

**Medical Condition:** \_\_\_\_\_

**Symptoms:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treatment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Considerations:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Contact Information:**

**Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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School Use Only:

\_\_\_\_ Teacher/Team notified