



CRESWELL SCHOOL DISTRICT 40

Nursing Office: (541) 895-6197

998 West A Street Creswell, OR 97426

Individual Student Health Plan

Student Name:	Birthdate:
School: CES CMS CHS	Grade/Teacher:

Diagnosis or Health Concern: _____

Notes for Student:

<u>If you observe the following:</u>	<u>Perform the following action:</u>
_____	<input type="checkbox"/> Assist to office if indicated
_____	<input type="checkbox"/> Call parent
_____	<input type="checkbox"/> School nurse
_____	<input type="checkbox"/> Other: _____
_____	_____
_____	_____

Parent Contact Information: _____ Cell Phone _____

Date: _____ Work Phone _____