



# South Lyon Community Schools

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Susan Toth, Director of Special Education

## Individual Health Plan (IHP)

Previously Named "Medical Emergency Plan"

**Forms must be dated on/or after July 1**

**All Medical Emergency Care Plans expire at the end of the school year**

Date:  School:  Grade:  Teacher:

Student Name:  Date of Birth:

Student Address:  (street address line 1)  
 (street address line 2)  
 (city, postal code)

Parent/Guardian:  (name)  
 (phone number)  
 (alternate phone number)

Parent/Guardian:  (name)  
 (phone number)  
 (alternate phone number)

Alternative Emergency Contact:

(name)  
 (phone number)

Physician Name/Address/Phone:

(street address line 1)  
 (street address line 2)  
 (city, postal code)

The purpose of the Individual Health Plan is to communicate medical needs to all SLCS Departments to ensure the safety and wellbeing of the student in an emergency situation. This form is intended to provide the supervising staff member a clear protocol to follow. It is essential that the physician completing this form sign the form in the proper places in order for the plan to be implemented. If the form is inaccurately or incompletely filled out, district policy will be followed in the case of an emergency situation.

Please answer the following question prior to completing the next section:

1. How will the prescribing physician complete the SLCS Individual Health Plan?

South Lyon Community Schools Individual Health Plan for School/Transportation Medical Emergency Care Section (**MUST complete this entire document**).

OR

Attaching Physician's Medical Order (**MUST attach signed and dated order**).

**Medical Emergency Care Section: Physician's Treatment Plan**  
**The following Individual Health Plan is the Physician's Treatment Plan:**

**Symptoms of a Medical Emergency:**

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**Triggers of a Medical Emergency:**

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**Individual Health Plan/Physician's Treatment Plan for  
 Medical Emergency**

When the following symptoms are seen  the following action will be taken per physician:

When the following symptoms are seen:	The following action will be taken per physician:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Name of medication and dosage taken during an emergency:**

\*to be administered must have the district permission form attached/on file for EACH medication

<u>Medication</u>	<u>Dosage</u>	<u>Frequency and conditions for administration</u>	<u>Where is emergency medication?</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Protocol for medical emergency:**

- Follow the Individual Health Plan or the Attached Order.
- If medication has been approved per a signed Physician's Treatment Plan/Order, administer medication as directed.
- Call 911/EMS – inform of immediate medical emergency and other medical conditions.
- Notify school office or transportation director to call parent.
- Upon arrival of EMS - inform EMS of present medical emergency and other medical conditions.
- Inform EMS to transport student to  hospital.
- At the conclusion of the emergency or as soon as possible, immediately contact the Transportation Director and/or Director of Special Education.

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

**IF MEDICATION DOES NOT SEEM TO BE WORKING OR IS NOT AVAILABLE  
IMMEDIATELY CALL 911/EMS.**

**Note: All Individual Health Plans EXPIRE at the end of each school year.**