

# Individual Action Plan

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Student's Name: \_\_\_\_\_

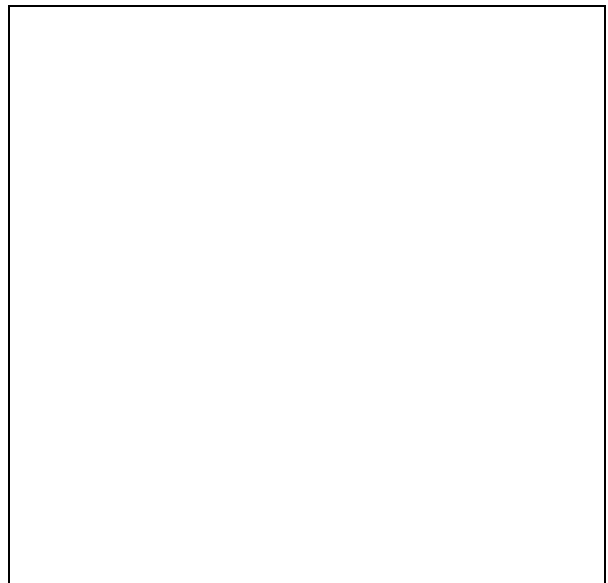
Medical Condition: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ontario Health Card No.: \_\_\_\_\_

Class Room: \_\_\_\_\_

Teachers: \_\_\_\_\_



## **Recognize Symptoms:**

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## **Specific Instructions from Parent:**

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## **Telephone Parents/Guardian:**

1) \_\_\_\_\_

2) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_