



To complete this form electronically,
it must be opened in Adobe Reader!

Encopresis Individual Health Plan

School year _____

Student legal last name _____ First name _____ MI _____

Birth date _____ School _____ Grade _____ Other ID# _____

Transportation: Walker Self Transported Bus Rider Bus/Route Number _____

Parent/Guardian Information

Parent/Guardian _____ Primary phone _____

Work phone _____ Cell phone _____

Parent/Guardian _____ Primary phone _____

Work phone _____ Cell phone _____

Physician and Hospital Information

Physician Name _____ Phone _____

Preferred Hospital _____ Phone _____

Health Concern:

Behavior techniques Yes No

Please explain

Current medications

Please enter relevant health history

Special precautions/instruction
(i.e. precipitating stressful events, fear or refusal to use the toilet, etc.)

School Intervention Plan

Related Health Concerns - Fever and headache, chronic mega colon from constipation, anorexia, urinary tract infections from chronic obstruction, lesions or perianal dermatitis.

Additional student information _____

Emergency Contacts

| | | |
|------------|-------------|--------------------|
| Name _____ | Phone _____ | Relationship _____ |
| Name _____ | Phone _____ | Relationship _____ |
| Name _____ | Phone _____ | Relationship _____ |

| | |
|---------------------------------|------------|
| Parent/Guardian Signature _____ | Date _____ |
| School Nurse Signature _____ | Date _____ |
| Physician Signature _____ | Date _____ |

A copy of this plan will be kept in the school office and copies will be given to:

Para educator Transportation Teacher PE Teacher Student Services Health Room Secretary-Principal

Other _____

CONFIDENTIAL INFORMATION/SHRED PRIOR TO DISCARDING