Frequently Asked Questions about
Individual Health Care Plans

Based on the Requirements of Section 59-63-80
of the South Carolina Code of Laws

Office of Nutrition Programs
South Carolina Department of Education

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Molly Spearman
State Superintendent of Education

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Contents

Overview

Frequently Asked Questions

Question 1: What is an IHP? ................................................................. 3
Question 2: For what students are IHPs required? .......................... 3
Question 3: What is a chronic health condition? ............................ 3
Question 4: Who is responsible for writing a student’s IHP? ............ 3
Question 5: Is there a specific time in the school year during which IHPs must be written? ............................................................ 4
Question 6: Once it has been determined that an IHP is needed for a student, is there a specific time frame within which it must be completed? ........................................... 4
Question 7: What are the required components of an IHP? ............ 5
Question 8: Are school districts required to use the sample forms provided by the SCDE? .............................................................................. 6
Question 9: Who is required to approve the IHP? ........................... 6
Question 10: What documentation of approval is required for a student’s IHP? ............................................................... 6
Question 11: What actions must be taken if attempts to secure the signature of the student’s health care practitioner and/or the student’s parent/guardian on the IHP are unsuccessful? ......................................................... 10
Question 12: With whom can the school nurse share information from a student’s IHP? .................................................................................. 10
Question 13: What is the relationship between a Section 504 accommodations plan and an IHP? ................................................................. 11

Appendix A

Flowchart: Does This Student Need an IHP? ................................................ 13

Appendix B

Sample IHP Tracking Sheet ........................................................................ 16

Appendix C

Sample IHP Form .......................................................................................... 18
Important Considerations for Completing the Sample IHP Form .......... 22
Sample IHP Work Sheet .................................................................................. 24
Appendix D
  Sample Emergency Action Plan Form .................................................................26
  Important Considerations for Completing the Sample Emergency Action Plan Form .......28

Appendix E
  Sample IHP Letter to the Health Care Practitioner ...............................................30

Appendix F
  Sample School Health Services Parent/Guardian IHP Declination Statement ............33

Appendix G
  Flowchart: Overview of the IHP Approval Process ..............................................35
Overview

Many students attending school have chronic health conditions for which special health care services are needed during the school day and at school-sponsored functions. Students with special health care needs require an individual assessment and plan of care to ensure that their unique needs are identified and addressed. Better management and control of health conditions are the keys to success for these students, both now in their school endeavors and in the future so that they can lead happier, more productive lives. As students with chronic health conditions grow and mature, the responsibility for making health decisions shifts from parents and caretakers to the students themselves. Care for students with chronic health conditions should thus include teaching and encouraging the practice of self-care skills.

Many health care procedures and services can be successfully provided to students during the school day and can thus allow those students with chronic health conditions to remain at school, where they can further their education in the least restrictive environment. School nurses are often able to work with parents/guardians, health care practitioners, school administrators—and, of course, the students themselves, as appropriate—to develop individual health care plans (IHPs) for meeting special health care needs. IHPs outline specific actions that will be taken to ensure that each student’s health needs are met in a consistent manner during the school day and at school-sponsored functions.

On May 26, 2005, Chapter 63 of Title 59 of the South Carolina Code of Laws was amended to include Section 59-63-80, “Development of policies governing IHPs or students with special health care needs; definitions; written statements.” The following mandates were set forth:

- Each school district must adopt a policy requiring that IHPs be developed for students with special health care needs. This policy must provide for the authorization of a student to self-monitor and self-administer medications as prescribed by the student’s health care practitioner unless there is sufficient evidence that unsupervised self-monitoring or self-medicating would seriously jeopardize the safety of the student or others.

- The South Carolina Department of Education (SCDE) must develop guidelines for required components of a written student IHP that must be developed with input from and with the approval of (a) the health care practitioner who prescribed the medication for the student; (b) the student’s parent or legal guardian; (c) the student, if appropriate; and (d) the school nurse or other designated school staff member. If a student qualifies for an accommodation plan under Section 504 of the Rehabilitation Act of 1973 (Section 504), that process must meet the requirements for the state-required IHP. The parent/guardian and the student, if appropriate, are required to authorize the school to share the student’s IHP with school staff who have a legitimate need for the information. (S.C. Code Ann. § 59-63-80(D))

- All medication authorized to be carried by the student must be maintained in a container appropriately labeled by the pharmacist who filled the prescription. (S.C. Code Ann. § 59-63-80(E))

- A student’s permission to self-monitor or self-administer medication may be revoked if the student endangers him- or herself or others through the misuse of the monitoring device or
The permission for self-monitoring or self-administration of medication is effective for the school year in which it is granted and must be renewed each school year upon the parent’s/guardian’s fulfilling the requirements of the law. (S.C. Code Ann. § 59-63-80(F)–(G))

- A parent/guardian must sign a statement acknowledging that the school district and its employees and agents are not liable for an injury arising from a student’s self-monitoring or self-administration of medication and that the parent/guardian will indemnify and hold harmless the district and its employees and agents against a claim arising from a student’s self-monitoring or self-administration of medication. (S.C. Code Ann. § 59-63-80(H))

- The SCDE must develop a notice that school districts must send at the beginning of the school year to all parents/guardians informing them of available services and rights pursuant to Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act, and medical homebound regulations. (S.C. Code Ann. § 59-63-90)

The intent of this document is to provide school districts with answers to some of the questions that have frequently arisen with regard to the establishment of IHPs for students. This document will also fulfill the SCDE’s charge to provide guidelines for the required components of the written student IHP. Information related to students self-medicating and self-monitoring is provided in a separate document. If you have questions regarding the contents of this document, please contact Andrea M. Williams by e-mail at awilliams@ed.sc.gov or Juanita Bowens-Seabrook at JBowens@ed.sc.gov.
Frequently Asked Questions

**Question 1: What is an IHP?**

Section 59-63-80(A)(3) of the South Carolina Code stipulates that an “‘individual health care plan’ (IHP) is . . . a plan of care designed specifically for an individual student to provide for meeting the health monitoring and care of the student during the school day or at school-sponsored functions.” School-sponsored functions include those conducted during regular school hours on school grounds, before- and after-school activities conducted by the school on school property, transit to or from school or school-sponsored activities when the vehicles are owned or leased by the school district, and any school-sponsored activity in which the student is a participant officially representing the school. Examples of school-sponsored activities are field trips, interscholastic sporting events, and fine arts events in which the student is a participant.

**Question 2: For what students are IHPs required?**

IHPs are required for students with special health care needs (Section 59-63-80(B)). Students with special health care needs are students with chronic health conditions requiring treatments, procedures, medications, and/or monitoring that must be performed by school personnel and that

(a) are complicated and/or lengthy,

(b) require several contacts with the nurse or health assistant during the school day,

(c) are needed to prevent death or disability on an emergent basis, and/or

(d) are needed for students who have medically fragile health conditions.

Students who have been granted permission to self-medicate and/or self-monitor in accordance with the school district’s policy are also considered to have special health care needs. An IHP must be established prior to a student’s being allowed to self-medicate and/or self-monitor.

Appendix A provides a flowchart that outlines a decision-making process for determining which students require an IHP.

**Question 3: What is a chronic health condition?**

As the term is defined in the book *Chronically Ill Children and Their Families*, by Nicholas Hobbs, James M. Perrin, and Henry T. Ireys (San Francisco: Jossey-Bass, 1985), a chronic health condition is an illness or health problem that lasts for a substantial period of time and has continuing and often debilitating effects.

**Question 4: Who is responsible for writing a student’s IHP?**

A registered nurse (RN) must develop and coordinate the IHP. The development of an IHP requires an assessment of the student’s health condition, identification of potential or existing health problems that need to be addressed at school, the development of goals and the actions that should be taken to meet them, and a method for evaluating the outcomes of the care that is provided. According to South Carolina’s Nurse Practice Act, these steps in the process required to develop an IHP fall within the scope of practice of an RN (S.C. Code Ann. § 40-33-20(48) (2011)). A licensed practical nurse (LPN) may assist the RN in the collection of data for
establishing the IHP; however, the RN must be responsible for analyzing the data gathered and for creating the IHP for the particular student (S.C. Code Ann. § 40-33-20(47) (2011)).

In an advisory opinion issued in 2002—Question 33: “Is it within the role and scope of a licensed practical nurse (LPN) to practice without on-site registered nurse (RN) supervision under certain circumstances?”—the South Carolina Board of Nursing (SCBN) provides further clarification of the roles of the RN and the LPN. The SCBN’s advisory statement is published online at http://www.llr.state.sc.us/POL/Nursing/index.asp?file=AdvisoryOp/advisoryop.htm.

**Question 5: Is there a specific time in the school year during which IHPs must be written?**

IHPs for students diagnosed with health conditions that require an IHP during the school year should be developed within a reasonable time following diagnosis. It is best to have a student’s IHP ready for implementation on the first day that he or she will attend school; however, it is not always possible for schools to adhere to this schedule. The time that it takes to develop an IHP and secure the appropriate signatures of approval is dependent upon several variables: school nurse staffing, parent/guardian response time, and staffing within the student’s health care practitioner’s office.

An IHP may be developed in April, May, or June for the next school year to allow a student’s parent/guardian to get the approval of the student’s health care practitioner prior to the beginning of the next school year if the student’s health condition will allow care planning in advance. During the IHP development process, the student must be provided health services that are consistent with nursing practice standards and the medical orders provided by his or her health care practitioner.

If there is a discrepancy between the medical orders and nursing practice standards, clarification and resolution must be sought by the RN who is responsible for the student’s care. With the appropriate permission forms signed by the student’s parent/guardian, the RN’s communication with the health care practitioner’s office may occur via phone, fax, e-mail, or regular mail.

It is generally expected that schools—in the person of the responsible RN—will contact a student’s health care practitioner only after having secured the written permission from that student’s parent/guardian. In certain instances, however, the RN may determine that in order to protect the health and safety of a particular student, there is the need to seek guidance from that student’s health care practitioner without having secured written permission from the student’s parent/guardian. If harm to the student is not imminent, the RN must follow the appropriate chain of command within the school district prior to contacting that student’s health care practitioner.

**Question 6: Once it has been determined that an IHP is needed for a student, is there a specific time frame within which it must be completed?**

It is difficult to specify the number of days or weeks within which an IHP must be completed because the process is affected by several variables. The time required to secure the appropriate signatures of approval, for example, is dependent upon school nurse staffing, parent/guardian response time, and the staff of the health care practitioner’s office.
The RN who is responsible for developing the school’s IHPs should prioritize the plans on the basis of the complexity of the care that is needed for the individual students. The RN should develop and implement a tracking system to monitor the progress of each student’s plan toward completion. (A confidential tracking log may be used for this purpose. A sample log is included as appendix B.)

During the IHP development process, the student must be provided health services that are consistent with nursing practice standards and medical orders provided by his or her health care practitioner. If there is a discrepancy between the medical orders and nursing practice standards, clarification and resolution must be sought by the RN who is responsible for the student’s care. With the appropriate permission forms signed by the student’s parent/guardian, the RN’s communication with the health care practitioner’s office may occur via phone, fax, e-mail, or regular mail.

It is generally expected that schools—in the person of the responsible RN—will contact a student’s health care practitioner only after having secured the written permission from that student’s parent/guardian. In certain instances, however, the RN may determine that in order to protect the health and safety of a particular student, there is the need to seek guidance from that student’s health care practitioner without having secured written permission from the student’s parent/guardian. If harm to the student is not imminent, the RN must follow the appropriate chain of command within the school district prior to contacting that student’s health care practitioner.

**Question 7: What are the required components of an IHP?**

The SCDE, under Section 59-63-80(D), must develop guidelines for the required components of a written IHP. In consultation with the South Carolina Department of Health and Environmental Control (DHEC), the SCDE utilized the following four sources in determining the particular components that every IHP is required to contain: *School Nursing: A Comprehensive Text*, edited by Janice Selekmian and published by F. A. Davis Company in 2013; the position statement “Individualized Healthcare Plans (IHP),” issued by the National Association of School Nurses in June 2008; *Individualized Healthcare Plans for the School Nurse*, edited by Cynthia K. Silkworth et al. and published by Sunrise River Press in 2005; and *School Health: Policy and Practice*, written by the American Academy of Pediatrics’s Committee on School Health and published by the Academy in 2004.

The following items must appear in every IHP developed in the state’s public school system:

(a) student’s name and date of birth;
(b) contact information for the student’s parent/guardian;
(c) contact information for an individual to be contacted in the event that the parent/guardian cannot be reached;
(d) contact information for the student’s health care practitioner(s);
(e) contact information for the preferred emergency facility or hospital;
(f) student’s medical diagnoses;
(g) summary of the student’s health assessment data;
(h) identification of the student’s health problems/nursing diagnoses;
(i) goals related to the identified health problems/nursing diagnoses;
(j) actions to be taken during the school day or at school-sponsored functions to address the health problems/nursing diagnoses and either the names or the identifying titles of the individuals who will be responsible for carrying out those actions (when the identifying titles are used, the names of the individuals responsible must be recorded in the student’s health record);
(k) expected outcomes for the student based on the actions outlined in the IHP;
(l) plans for handling emergency situations that may occur as a result of a student’s medical diagnosis at school or at school-sponsored functions (if applicable);
(m) special considerations (equipment, medication, and so forth) for a student’s participation in physical activities or sports (if applicable);
(n) procedures to ensure safety and appropriate health services (1) when the student is in transit to or from school or school-sponsored activities when vehicles owned or leased by the school district are being used, (2) during before-school or after-school activities conducted by the school on school property, and (3) during school-sponsored field trips and any other school-sponsored activity in which the student is a participant officially representing the school;
(o) date that the plan is to be reviewed; and
(p) documentation of approval of the IHP by the required individuals (see question 9, below).

See appendix C for a sample IHP form with points to consider when completing the form. See appendix D for a sample emergency action plan form with points to consider when completing the form.

**Question 8: Are school districts required to use the sample forms provided by the SCDE?**

No, school districts are not required to use the sample forms provided by the SCDE; however, IHPs must include at a minimum the information in the items specified in question 7, above.

**Question 9: Who is required to approve the IHP?**

Section 59-63-80(D)(1) states that a written IHP must be developed with input from and with the approval of the health care practitioner who prescribed the medication for the student, the student’s parent/guardian, the student (if appropriate), and the school nurse or other designated school staff member. The IHP for a student who is an emancipated minor does not require the approval of the student’s parent.

**Question 10: What documentation of approval is required for a student’s IHP?**

South Carolina law does not specify the methodology for documenting approval of a student’s IHP.
During their first two years of complying with IHP requirements, schools found that the busy schedules of most health care practitioners did not permit quick review and approval of IHPs. As a result, the SCDE—after consultation with the leadership of the South Carolina Chapter of the American Academy of Pediatrics, several pediatric medical specialists, and the School Nurse Program Advisory Committee—developed procedural guidance to facilitate the process. This guidance is structured in terms of three common scenarios (see the flowchart in appendix G).

The following statements apply to all three of the common scenarios:

- The terms “treatment plan” and “medical orders” refer to the document that a health care practitioner and a parent/guardian can submit to the school detailing the treatments, medications, and special needs of an individual student (for example, diabetes management plan, asthma management plan) while he or she is at school. The treatment plan or medical orders must
  a. specify that the plan or orders are intended for use in the school setting and
  b. be signed by the health care practitioner and the student’s parent/guardian.

- Both the health care practitioner and the parent/guardian must acknowledge in writing an understanding that the school may include the treatment plan or medical orders in the student’s IHP. This written acknowledgment may be submitted in the form of either a letter or a statement included in the treatment plan or medical orders.

- IHPs and related documents for students who are emancipated minors require the approval of the student instead of the student’s parent/guardian.

- Statements regarding the responsibilities of the RN are not meant to prohibit the RN from appropriately assigning or delegating tasks to an LPN (see question 4, above).

- With the appropriate permission forms signed by the student’s parent/guardian, the RN’s communication with the health care practitioner’s office may occur via phone, fax, e-mail, or regular mail. It is generally expected that schools—in the person of the responsible RN—will contact a student’s health care practitioner only after having secured the written permission from that student’s parent/guardian. In certain instances, however, the RN may determine that in order to protect the health and safety of a particular student, there is the need to seek guidance from that student’s health care practitioner without having secured written permission from the student’s parent/guardian. If harm to the student is not imminent, the RN must follow the appropriate chain of command within the school district prior to contacting that student’s health care practitioner.

**Scenario A.** The parent/guardian presents a document—either a treatment plan or medical orders—that he or she as well as the student’s health care practitioner has signed.

1. Upon receipt of the treatment plan or medical orders, the RN must determine whether all elements of the plan or the orders can be implemented as written and whether the student needs an IHP. (If all elements of the treatment plan or medical orders cannot be implemented as written, see scenario B.)
2. If all elements for the treatment plan or medical orders can be implemented as written but the student does not meet the requirements for an IHP, the RN can put into practice the required interventions without writing an IHP. However, if the parent/guardian requests an IHP, the RN must assess the student’s health status and facilitate, if appropriate, the development of an IHP that is in the best interest of the student.

3. If all elements for the treatment plan or medical orders can be implemented as written and the student meets the requirements for an IHP, the RN must work with appropriate school staff, the student, and the student’s parent/guardian to establish an IHP for meeting the student’s needs.

4. The treatment plan or medical orders must be attached to the IHP. References to the health care practitioner’s treatment plan or medical orders may be made in the IHP.

5. The student’s parent/guardian, the student (if appropriate), the RN who developed the IHP, and other designated school staff (an LPN assigned to the student’s school, a principal, or a special education teacher, for example, if appropriate) must sign the IHP.

6. If all of the treatment plan or medical orders will be followed by the school as written and the IHP is consistent with the treatment plan or medical orders, the signature of the health care practitioner on the IHP will not be required unless the student’s parent/guardian requests it.

7. If the student’s parent/guardian has no objections and if the IHP is consistent with the treatment plan or medical orders, then the school should send the IHP to the student’s health care practitioner with a letter advising that the IHP is being sent for review and that no response is necessary unless the health care practitioner has a question regarding its content. See appendix E for a sample letter.

Recap of signatures required for scenario A:

(1) On the treatment plan or medical orders, the signatures of
   - student’s parent/guardian
   - health care practitioner

   Note: In scenario A the treatment plan or medical orders are implemented as written, thus the health care practitioner’s signature on the treatment plan or medical orders serves as approval for IHP purposes.

(2) On the IHP, the signatures of
   - student’s parent/guardian
   - student (if appropriate)
   - RN who developed the IHP
   - other designated school staff as appropriate (an LPN who may be assigned to the student’s school, a principal, or a special education teacher, for example)
**Scenario B.** The parent/guardian presents a treatment plan or medical orders, but the RN has determined that some elements of the treatment plan or medical orders cannot be safely accommodated by the school or are in conflict with existing laws, regulations, standards for nursing practice, or school policies.

1. Discussion—either in person or in written communications—must be held to work out a solution that is in the best interest of the student. Such discussion must involve the student (if appropriate), his or her parent/guardian, his or her health care practitioner, and the appropriate school personnel.

2. While discussions are taking place, the RN must use nursing judgment based on the current standards of care to implement specific interventions that will be necessary for ensuring a safe learning environment for the student.

3. Documentation of the discussion must be entered into the student’s health record.

4. To document consensus, the finalized IHP must be signed by the student’s parent/guardian, the student (if appropriate), the student’s health care practitioner, the school nurse, and other designated school staff as appropriate.

Recap of signatures required for scenario B:

- On the IHP, the signatures of
  - student’s health care practitioner
  - student’s parent/guardian
  - student (if appropriate)
  - RN who developed the IHP
  - other designated school staff as appropriate (an LPN assigned to the student’s school, a principal, or a special education teacher, for example)

Note: In scenario B there were questions regarding the treatment plan or medical orders, thus to document that the questions have been resolved, all signatures on the IHP are required.

**Scenario C.** A student requires an IHP, but the health care practitioner and the parent/guardian have not submitted a treatment plan or medical orders.

1. The RN must contact the student’s parent/guardian to discuss the benefits of developing an IHP for the student.

2. If the student’s parent/guardian declines the IHP, the RN must
   a. document in the student’s health record the discussion with the parent/guardian,
   b. provide the parent/guardian a copy of the parent notification developed by the SCDE for compliance with Section 59-63-90 of the South Carolina Code,
   c. ask the parent/guardian to sign a declination statement indicating that at this time he or she does not wish an IHP to be developed (see appendix F for a sample form), and
   d. provide health services that are based on best-practice standards.

3. If the student’s parent/guardian agrees to have an IHP developed, the RN must
   a. coordinate the gathering of any additional information needed for developing the IHP,
b. provide health services that are based on best-practice standards during the time that the IHP is being developed,
c. write the IHP,
d. send the IHP to the parent/guardian for approval,
e. assist the parent/guardian in securing the approval of the health care practitioner at the student’s next appointment or sooner if necessary, and
f. send a copy of the student’s IHP to the student’s health care practitioner (see appendix E for a sample letter—regular mail is the preferred method for sending the IHP to the student’s health care practitioner because faxes are often difficult to read).

Recap of signatures required for scenario C:

On the IHP, the signatures of
- student’s health care practitioner
- student’s parent/guardian
- student (if appropriate)
- RN who developed the IHP
- other designated school staff as appropriate (an LPN assigned to the student’s school, a principal, or a special education teacher, for example)

**Question 11: What actions must be taken if attempts to secure the signature of the student’s health care practitioner and/or the student’s parent/guardian on the IHP are unsuccessful?**

There may be instances in which, despite the best efforts of school employees, the health care practitioner and/or the student’s parent/guardian do not respond to requests for approving the IHP. At least three attempts should be made to determine whether the health care practitioner and/or the parent/guardian has received the requests for approval and whether there are questions about the IHP. One of the three attempts should be made via regular or certified mail. All attempts and outcomes should be documented in the student’s individual health record.

It may happen that the IHP has been developed and although the RN has been unable to secure the signature of the student’s parent/guardian and/or the student’s health care practitioner, there is no evidence that the parent/guardian or health care practitioner disagree with it. In such a situation, the RN—using nursing judgment based on the current standards of care—must implement those elements of the IHP that are necessary to ensure a safe learning environment for the student. If the student’s parent/guardian and/or the health care practitioner do disagree with portions of the IHP that are critical to ensuring the safety of the student, the RN must use the appropriate chain of communication to seek advice from the school district’s legal counsel.

**Question 12: With whom can the school nurse share information from a student’s IHP?**

School districts should adopt a policy of confidentiality with regard to the sharing of a student’s health information. To help ensure that a student’s health needs are met consistently, information from the student’s IHP must be appropriately shared with school staff—for example, principals, teachers, bus drivers, and teaching assistants. Section 59-63-80(D)(3) specifically addresses this issue: “The parent or guardian and the student, if appropriate, shall authorize the school to share
the student’s individual health care plan with school staff who have a legitimate need for knowledge of the information.”

**Question 13: What is the relationship between a Section 504 accommodation plan and an IHP?**

Section 59-63-80(D)(2) of the South Carolina Code stipulates, “If a student qualifies for a Federal 504 medical accommodations plan, that process must meet the requirements for the state-required individual health plan.” In other words, a 504 accommodations plan must contain the components of an IHP. In addition, the student’s health care practitioner, the student’s parent/guardian, the student (if appropriate), and the school nurse or other designated school staff member must be involved in the development and the approval of the plan.

To be eligible under Section 504 for an accommodations plan, a student must have a disability that substantially limits a major life activity. A Section 504 accommodations plan outlines specific actions that will be taken or adjustments that will be made for the student with a disability to receive a free appropriate public education in the least restrictive environment. A 504 accommodations plan must be developed by a team that should include the student’s parent/guardian, the student (if able), and others who know about the student’s disability such as a teacher, a guidance counselor, a school nurse, and other school staff.

An IHP outlines specific actions that will be taken or adjustments that will be made for a student with a special health care need to attend school. If a child has a special health care need as defined in Question 2, an RN develops a plan for addressing the student’s health needs with input from and the approval of the student’s health care practitioner, the student’s parent/guardian, the student (if appropriate), and/or other designated school staff.

If a student meets the requirements for an IHP, the local educational agency must consider evaluating the student for Section 504 eligibility. If the student qualifies under Section 504, the local educational agency must develop a plan in accordance with implementing regulations under Section 504—34 CFR 104.34, 34 CFR 104.35, and 34 CFR 104.36—and provide the student with the procedural safeguards guaranteed by Section 504.

Note that some students who do not qualify for an IHP may qualify for a Section 504 accommodations plan and vice versa.

Thank you for your commitment to helping each student succeed. For questions or comments about this document, please contact:

Andrea Williams, RN, MSN  
State School Nurse Consultant  
Office of Nutrition Programs  
Phone: 803-734-3194 / 803-898-0850  
E-mail: awilliams@ed.sc.gov

Juanita Bowens-Seabrook, PhD, RD, SNS  
Director  
Office of Nutrition Programs  
Phone: 803-734-8205  
E-mail: jbowens@ed.sc.gov
APPENDIX A

Flowchart:
Does This Student Need an IHP?
Flowchart: Does This Student Need an IHP?

Has the student been granted permission to self-medicate and/or self-monitor?

- **YES**
  - The student does need an IHP.

- **NO**
  - Does the child have a chronic health condition that requires medications, treatments, procedures, and/or monitoring that must be performed by school personnel?

- **YES**
  - Based on the criteria outlined by the South Carolina Department of Education, an IHP is not required. However, if a parent/guardian or a school employee (or an emancipated minor him- or herself) believes that an IHP is necessary, then the RN must assess the student’s health status and facilitate, if appropriate, the development of an IHP that is in the best interest of the student.

- **NO**
  - Did you check any of the boxes above?

- **YES**
  - Check all that apply (if any):

    - Treatments, medications, procedures, or monitoring is complicated and/or lengthy.

    - Several contacts with the nurse or health assistant are required during the school day.

    - Treatments, medications, procedures, or monitoring is needed to prevent death or disability on an emergent basis.

    - Student has a medically fragile health condition.

- **NO**

Did you check any of the boxes above?

- **YES**
  - The student does need an IHP.

- **NO**
APPENDIX B

Sample IHP Tracking Sheet
Sample IHP Tracking Sheet

This sheet is for tracking purposes only. Official documentation regarding correspondence with parents/guardians and health care practitioners must be included in each student’s individual health record.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Parent/Guardian* Contacted</th>
<th>IHP Sent to Parent/Guardian*</th>
<th>Signed IHP Received from Parent/Guardian*</th>
<th>IHP Sent to Health Care Practitioner</th>
<th>IHP Received from Health Care Practitioner</th>
<th>IHP Completed with Signatures and Sent to Parent/Guardian*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: __________</td>
<td>☐ IHP desired</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
</tr>
<tr>
<td>☐ IHP not desired</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: __________</td>
<td>☐ IHP desired</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
</tr>
<tr>
<td>☐ IHP not desired</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: __________</td>
<td>☐ IHP desired</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
</tr>
<tr>
<td>☐ IHP not desired</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: __________</td>
<td>☐ IHP desired</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
</tr>
<tr>
<td>☐ IHP not desired</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: __________</td>
<td>☐ IHP desired</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
</tr>
<tr>
<td>☐ IHP not desired</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: __________</td>
<td>☐ IHP desired</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
<td>Date: __________</td>
</tr>
<tr>
<td>☐ IHP not desired</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The IHP and related documents for a student who is an emancipated minor require the approval of the student him- or herself instead of the parent/guardian.
APPENDIX C

Sample IHP Form

Important Considerations for Completing the Sample IHP Form

Sample IHP Work Sheet
<table>
<thead>
<tr>
<th>Sample IHP Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student’s full name (last, first, middle):</strong></td>
</tr>
<tr>
<td>Date of birth: ___________________________  Gender: □ female □ male  Grade: ___________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical diagnoses:</th>
<th>Assessment summary:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special considerations: (Check all that apply.)</th>
<th>Parent/Guardian</th>
<th>Alternate Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Allergies: _________________________________</td>
<td>Name(s): _____________</td>
<td>Name(s): ________________</td>
</tr>
<tr>
<td>□ Emergency action plan</td>
<td>Work phone: ______________</td>
<td>Work phone: ______________</td>
</tr>
<tr>
<td>□ Physical activity/sports considerations</td>
<td>Home phone: ______________</td>
<td>Home phone: ______________</td>
</tr>
<tr>
<td>□ Field trip plan</td>
<td>Cell phone: ______________</td>
<td>Cell phone: ______________</td>
</tr>
<tr>
<td>□ Extracurricular activity plan</td>
<td>Pager: ______________</td>
<td>Pager: ______________</td>
</tr>
<tr>
<td>□ Self-monitor: ______________________________</td>
<td>Address: ______________</td>
<td>Address: ______________</td>
</tr>
<tr>
<td>□ Self-administer medication(s): ______________</td>
<td>________________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Care Practitioner 1</th>
<th>Health Care Practitioner 2</th>
<th>Emergency Facility/Hospital Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _____________________</td>
<td>Name: _____________________</td>
<td>Name: _____________________</td>
</tr>
<tr>
<td>Phone: ____________________</td>
<td>Phone: ____________________</td>
<td>Phone: ____________________</td>
</tr>
<tr>
<td>Address: _______________</td>
<td>Address: _______________</td>
<td>Address: _______________</td>
</tr>
<tr>
<td>__________________________</td>
<td>__________________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>Contact for (diagnosis): ______________</td>
<td>Contact for (diagnosis): ______________</td>
<td></td>
</tr>
<tr>
<td>__________________________</td>
<td>__________________________</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s last name and first initial:</th>
<th>RN’s initials:</th>
<th>Date: _______________ (page ___ of ___)</th>
</tr>
</thead>
</table>
Also include plans for meeting health needs during field trips and extracurricular activities in which student is an official participant.
This IHP for ____________________________ was prepared by the following nurse:

RN’s signature: ____________________________ Date: ____________________________

RN’s name (print/type): ____________________________ RN’s initials: __________

Review plan: □ beginning of next school year □ upon parent/health care practitioner/school request □ other: __________

### IHP Approvals

**Note:** By signing this document, the parent/guardian and/or the student authorize sharing this information with school personnel who have a legitimate need for knowledge of the information.

<table>
<thead>
<tr>
<th>Parent/guardian:</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree with this plan of care for my child while he or she is at school or is attending school-sponsored functions. I agree to let the school know of changes in my child’s health condition or treatment and changes to the contact information on page 1 of this individual health care plan.</td>
<td></td>
</tr>
<tr>
<td>Sign name: ____________</td>
<td>Print name: ____________________________</td>
</tr>
<tr>
<td>____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td>Date: ____________________________</td>
<td>Date: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student (if appropriate):</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree with this plan of care for me while I am at school or school-sponsored functions.</td>
<td></td>
</tr>
<tr>
<td>Sign name: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Print name: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Date: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

Student’s last name and first initial: ____________  RN’s initials: ____________ Date: ________________  (page ___ of ___)
### IHP Approvals (continued)

Note: This IHP will be shared with other school staff who have a legitimate need for knowledge of the information.

<table>
<thead>
<tr>
<th>School designee:</th>
<th>Health care practitioner:</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree with this plan of care for ___ while he or she is at school or is attending school-sponsored functions.</td>
<td>I agree with this plan of care for ___ while he or she is at school or is attending school-sponsored functions.</td>
<td></td>
</tr>
</tbody>
</table>

Sign name: __________

__________________________ Print name: ____________________________

__________________________ Date: ____________________________

<table>
<thead>
<tr>
<th>Health care practitioner:</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree with this plan of care for ___ while he or she is at school or is attending school-sponsored functions.</td>
<td></td>
</tr>
</tbody>
</table>

Sign name: __________

__________________________ Print name: ____________________________

__________________________ Date: ____________________________

<table>
<thead>
<tr>
<th>Health care practitioner:</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree with this plan of care for ___ while he or she is at school or is attending school-sponsored functions.</td>
<td></td>
</tr>
</tbody>
</table>

Sign name: __________

__________________________ Print name: ____________________________

__________________________ Date: ____________________________

Student’s last name and first initial: ____________________________

RN’s initials: ____________________________ Date: ________________

(page ____ of ____)

22
Important Considerations for Completing the Sample IHP Form

Listed below are explanations that you may find helpful in completing the IHP form. The IHP form should be completed by a school nurse who is a registered nurse.

(See page 1 of the sample IHP form.)

• Specify the student’s medical diagnoses.

• Write a brief summary assessment of the student’s health condition—including, for example, the length of time the student has had the disease/condition/illness, the impact of the disease/condition/illness on the student’s ability to function in a school setting, family strengths related to the student’s health condition, and the student’s needs for assistance.

• List all of the student’s allergies (e.g., medication, food, insect bites).

• Write a brief note about self-monitoring procedures and/or about the medications that may be self-administered.

• If “Emergency action plan,” “Physical activity/sports considerations,” “Field trip plan,” “Extracurricular activity plan,” “Self-monitor,” and/or “Self-administration of medication” are checked as special considerations, details must be outlined either on the form itself or in a document attached to the form. If a document provided by a health care practitioner or parent/guardian is used to outline the special considerations, the document must be legible and written in lay terms.

• Complete all of the contact information for the parent/guardian, an alternate in case a parent/guardian cannot be reached, one or two health care practitioners, and the emergency facility/hospital preferred by the student’s parent/guardian. Two spaces are provided for health care practitioners in case more than one practitioner is providing care to the student. Specify on the line following “Contact for” the diagnosis for which the health care practitioner is treating the student.

(See page 2 of the sample IHP form.)

Use of a work sheet may be helpful in organizing this type of information (see the sample on the page following these lists of considerations):

• **Assessment Data.** List the data gathered during the assessment of the student’s health condition that correlate with the health problems or nursing diagnoses that you are going to address in the student’s IHP.

• **Health Problems/Nursing Diagnoses.** Write problem statements or nursing diagnoses that summarize the student’s health problems or needs. State the health problem or nursing diagnosis in terms that can be understood by individuals who are not nurses. The North American Nursing Diagnosis Association International (NANDA-I) has developed a listing of actual or potential health problems that you may find helpful. You may order the most recent edition of the list by going to the NANDA-I Web site at http://www.nanda.org.
• **Goals.** List goals that are related to the student’s particular health problems or nursing diagnoses.

• **Interventions and Responsible Persons.** List the actions that will be taken to ensure that the student’s needs are met during the school day and at school-sponsored functions and the names or identifying titles of the person(s) who will be responsible for the actions. When the identifying titles are used, the names of the individuals responsible must be recorded in the student’s health record. Interventions may include health procedures, treatments, educational sessions, and monitoring activities. Interventions must be stated in terms that can be understood by individuals who are not nurses. You may find the Nursing Interventions Classification (NIC) developed by the University of Iowa College of Nursing helpful (an overview and ordering information are available online at http://www.nursing.uiowa.edu/centers/cncce/nic/index.htm).

• **Expected Student Outcomes.** Write a statement that reflects what is expected to be accomplished for or by the student given the interventions (actions) that have been outlined. The outcomes must be related to the health problems/nursing diagnoses and goals. The expected student outcomes must be measurable statements that reflect how you will know that you are meeting the stated goals. Outcomes must be stated in terms that can be understood by individuals who are not nurses. You may find the Nursing Outcomes Classification (NOC) developed by the University of Iowa College of Nursing helpful (an overview and ordering information are available online at http://www.nursing.uiowa.edu/cncce/nursing-outcomes-classification-overview).

(See page 3 of the sample IHP form.)

• Review the IHP at the beginning of every school year, at a minimum.

• Seek the approval of the student (as appropriate), the student’s parent/guardian, health care practitioner who prescribed the medication, and the designated school staff member. If approval is secured in a fashion other than a signature on the original document, a notation must be made to document how approval was secured.

• If the IHP must be sent to the parent/guardian for signature, send two copies—one for the parent/guardian to keep and one for him or her to sign and return. Keep the copy signed by the parent in the student’s health file and make a notation on the original document that the copy signed by the parent/guardian is located in the student’s health file. Do not remove the signature page signed by the parent and attach it to any other document because if legal issues arise, the school will be asked to produce, in its original state, the document that the parent returned to the school.

• A similar process can be used for securing approval from health care practitioners.
<table>
<thead>
<tr>
<th>Assessment Data</th>
<th>Nursing Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goals</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected Outcomes</th>
<th>Additional notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX D

Sample Emergency Action Plan Form

Important Considerations for Completing the Sample Emergency Action Plan Form
## SAMPLE EMERGENCY ACTION PLAN FORM

<table>
<thead>
<tr>
<th>Student:</th>
<th>Date of birth:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MEDICAL DIAGNOSES:</th>
<th>ALLERGIES:</th>
</tr>
</thead>
</table>

Plan for *(specify condition)*: 

<table>
<thead>
<tr>
<th>If you see this:</th>
<th>Do this:</th>
</tr>
</thead>
</table>

Plan for *(specify condition)*: 

<table>
<thead>
<tr>
<th>If you see this:</th>
<th>Do this:</th>
</tr>
</thead>
</table>

This emergency action plan was prepared by the following nurse:

RN’s signature: 

RN’s name *(print/type)*: 

Date: 

Emergency contacts for (student’s name)

Notice to parents/guardians: You must notify the school regarding any changes in the information on this form.
In order to ensure that we are able to quickly contact the right people in case of an emergency, parents/guardians must let the school know if any of the information on this page changes. Parents/guardians must also let the school know if the student’s health condition or treatments change.

<table>
<thead>
<tr>
<th>Parent/guardian:</th>
<th>Alternate contact person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s):</td>
<td>Name:</td>
</tr>
<tr>
<td>Work phone:</td>
<td>Work phone:</td>
</tr>
<tr>
<td>Home phone:</td>
<td>Home phone:</td>
</tr>
<tr>
<td>Cell phone:</td>
<td>Cell phone:</td>
</tr>
<tr>
<td>Pager:</td>
<td>Pager:</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health care practitioner 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Contact for (diagnosis):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health care practitioner 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Contact for (diagnosis):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency facility/hospital preference:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

APPROVED BY THE UNDERSIGNED

<table>
<thead>
<tr>
<th>Parent/guardian:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign name:</td>
</tr>
<tr>
<td>Print name:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health care practitioner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign name:</td>
</tr>
<tr>
<td>Print name:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student or school designee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position/title:</td>
</tr>
<tr>
<td>Sign name:</td>
</tr>
<tr>
<td>Print name:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>
Important Considerations for Completing the Sample Emergency Action Plan Form

Listed below are explanations that you may find helpful in completing the emergency action plan form. The sample emergency action plan form should be printed on the front and back of a single sheet and should be completed by a school nurse who is an RN.

Front page:

- Write the student’s name and date of birth.
- Specify the student’s medical diagnoses.
- Specify any allergies that the student may have so that the information will be readily available in case emergency transport is necessary. Include allergies to medications, foods, insect bites, and so forth.
- On the line following “Plan for” write the name of the emergent condition for which signs and symptoms are being monitored. Examples include hypoglycemia, severe allergic reaction to peanuts, acute asthma episode, and seizures.
- In the “If you see this” column, describe the signs/symptoms the student may exhibit or experience that will indicate that an emergency response is needed.
- In the “Do this” column, provide step-by-step instructions that must be followed if the student is exhibiting or experiencing signs/symptoms that indicate an emergent situation exists. Include instructions for whom to contact in case of an emergency and what must be done if the student’s parent/guardian cannot be reached.
- Be certain that you sign your name in the space provided, as well as print or type your name, and enter the current date.

Back page:

- Secure the signatures of the student’s parent/guardian and health care practitioner. An additional space is provided for the signature of the student or a school designee.
- If the emergency action plan must be sent to the parent/guardian for signature, send two copies—one for the parent/guardian to keep and one for him or her to sign and return. Keep the copy signed by the parent/guardian in the student’s health file and make a notation on the original document that the copy signed by the parent/guardian is located in the student’s health file. Do not remove the signature page signed by the parent/guardian and attach it to any other document because if legal issues arise, the school will be asked to produce, in its original state, the document that the parent returned to the school.
- When an emergency action plan is required, it is a part of the student’s IHP. The emergency action plan should be submitted to the student’s health care practitioner for signature along with the student’s IHP.
APPENDIX E

Sample IHP Letter to the Health Care Practitioner
To: _______________________________ Date: _______________________________

Re: IHP for [student’s name]:

Section 59-63-80 (Supp. 2005) of the South Carolina Code of Laws requires that schools develop individual health care plans (IHPs) for students who have special health care needs that must be met during the school day or at school-sponsored functions. Section 59-63-80 also requires schools to seek input and approval from the student’s health care provider when developing the IHP.

We value you as a partner in our efforts to keep students healthy and ready to learn. Accompanying this letter is an IHP developed for your patient (our student) referenced above.

(Please respond based on the paragraph selected below.)

☐ Thank you for sending a treatment plan or medical orders for school care. We have incorporated the treatment plan or medical orders into the attached IHP and are submitting it for your review. No response is necessary unless you have questions and/or would like to request changes.

☐ Please review the IHP, complete the IHP health care provider response form on the second sheet of this letter, and return it to us as soon as possible. Pending your response, we will implement the necessary interventions to keep the student safe at school. We understand that review of the IHP may take some time. In the meantime, we would appreciate an acknowledgment that you have received this letter and the IHP. For your convenience we have included the status box below. Please mark the appropriate statement in the status box and send a copy of this sheet to us by fax or by regular mail.

Note: The information included with this correspondence is considered privileged and confidential information. If the student referenced above is no longer your patient, please shred the IHP and indicate this in the status box.

If you have questions about the IHP, please don’t hesitate to contact me. Thank you in advance for your assistance.

Sincerely,

______________________________  _______________________________
Signature of school nurse  Name of school nurse (please print)

---

STATUS BOX
(To be completed by health care provider)

☐ I will review the IHP as soon as possible and will send a response to you.

☐ I have shredded the IHP that accompanied this correspondence. The above-named student is no longer my patient.

______________________________  _______________________________
Signature  Date
Sample IHP Health Care Provider Response Form

Please complete and return this form to the following:

School nurse’s name and address: 

Phone: 

Fax: 

Patient’s/student’s name: _Date of birth: ______________________

I have received the IHP, dated______________, and submitted by

____________________________________for my patient named above.

(name of school)

Initial the appropriate statement below:

_______ I approve the IHP as submitted for the______–____ school year.

_______ I request changes to the IHP. I have attached my requested changes.

_______ In my opinion, this student does not require an IHP for the condition(s) that I am
treating/managing for him or her.

Comments:

Health care provider’s signature: 

Date: 

Provider’s printed name and address (may use a stamp): 

Office phone number:

Office fax number:
APPENDIX F

Sample School Health Services
Parent/Guardian IHP Declination Statement
Please complete and return this form to the following:

<table>
<thead>
<tr>
<th>School Nurse’s Name and Address:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fax:</td>
</tr>
</tbody>
</table>

Student’s name: ___________________________ Date of birth: ___________________________

I have received information about the benefits of having the school nurse develop an individual health care plan (IHP) for my child. At this time I do not wish to have an IHP written for my child.

I understand that

- An IHP helps to make sure that there are plans in place for meeting my child’s health needs at school.
- Health services will be provided according to the medical orders submitted by my child’s health care practitioner as allowed by the school district’s policies, except that an IHP is required for self-administering medications and using self-monitoring devices at school. If I decline the IHP, my child will not be allowed to self-medicate or use self-monitoring devices without supervision by a school employee.

I will let the school nurse know if I decide that my child needs a written plan.

<table>
<thead>
<tr>
<th>Parent’s/Guardian’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name (please print):</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G

Flowchart:
Overview of the IHP Approval Process
Flowchart: Overview of the IHP Approval Process

During the entire IHP process, health services must be provided to the student that are consistent with nursing practice standards and medical orders provided by the student’s health care practitioner. If there is a discrepancy between the medical orders and nursing practice standards, clarification and resolution must be sought. Students who are emancipated minors make decisions on their own behalf.

Student needs an IHP.

Explain IHP process and benefits of IHP to parent/guardian.

Has parent/guardian or MD/NP provided a treatment plan or medical orders?

YES

Can treatment plan or medical orders be fully implemented?

YES

Have MD/NP and parent/guardian signed treatment plan or medical orders?

YES

Work with parent/guardian to secure the required signatures (MD/NP and parent/guardian).

NO

1. Discuss options with parent/guardian, MD/NP, school staff, and student (if appropriate) to reach a workable plan that is in the best interest of the student.
2. Document a summary of each discussion in the student’s health record.

Signatures received?

YES

NO

Treatment plan or medical orders received?

YES

Develop IHP based on agreement reached during discussions. (Include a statement on the IHP form that authorizes the school to share the IHP with the student’s health care practitioner.)

NO

Develop IHP based on analysis of available data. (Include a statement on the IHP form that authorizes the school to share the IHP with the student’s health care practitioner.)

NO

1. Document parent/guardian’s decision; ask parent/guardian to sign statement declining IHP.
3. Provide health services that are consistent with practice standards and orders provided by the student’s health care practitioner.

Develop IHP. (Include a statement on the IHP form that authorizes the school to share the IHP with the student’s health care practitioner.)

NO

1. Place the original IHP in student’s health record.
2. Provide a copy to the health care practitioner.
3. Provide a copy to the parent/guardian.
4. Share info on need-to-know basis with school staff.

1. Secure signatures of appropriate school personnel, MD/NP, and parent/guardian.
2. Facilitate the most expedient approval process.

NO

1. Secure signatures of appropriate school personnel and parent/guardian.
2. Develop the IHP after all signatures are received.

1. Place the original IHP in student’s health record.

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