

Education Information:

This form is intended to compile important education and safety information for your child. Providing detailed information ensures that educators, school personnel, and caregivers are well-prepared to support your child's education, safety, and well-being.

School Name:

Grade/Class:
Teacher (s):
Teacher of Record:
Individual Education Plan (IEP) or 504 Plan: Location of Document
Indiana EDPlan/LINK Credentials/Password:
Primary Accommodations/Modifications:
Goals:
Related Support Services:
Notes:
Health Plan Data:
Health Plan Data:
School Nurse:
School Nurse: Primary Care Physician:
School Nurse: Primary Care Physician: Medical Alert Information:
School Nurse: Primary Care Physician: Medical Alert Information: Emergency Contact:
School Nurse: Primary Care Physician: Medical Alert Information: Emergency Contact: Hospital Preference:
School Nurse: Primary Care Physician: Medical Alert Information: Emergency Contact: Hospital Preference: Allergy, Asthma, or Seizure Action Plans:
School Nurse: Primary Care Physician: Medical Alert Information: Emergency Contact: Hospital Preference:
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School Nurse: Primary Care Physician: Medical Alert Information: Emergency Contact: Hospital Preference: Allergy, Asthma, or Seizure Action Plans: (Include Location of Plans)
School Nurse: Primary Care Physician: Medical Alert Information: Emergency Contact: Hospital Preference: Allergy, Asthma, or Seizure Action Plans:
School Nurse: Primary Care Physician: Medical Alert Information: Emergency Contact: Hospital Preference: Allergy, Asthma, or Seizure Action Plans: (Include Location of Plans)
School Nurse: Primary Care Physician: Medical Alert Information: Emergency Contact: Hospital Preference: Allergy, Asthma, or Seizure Action Plans: (Include Location of Plans)
School Nurse: Primary Care Physician: Medical Alert Information: Emergency Contact: Hospital Preference: Allergy, Asthma, or Seizure Action Plans: (Include Location of Plans)

Programs and systems change often. It is important to ensure that you are using the most current information. This document was created August 2023. Please check https://www.inf2f.org/fact-sheets.html for the most recent edition. This document was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$89,140 with 87 % percent financed with non-governmental sources. The contents are those of INF2F and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.







School Safety Plan:

Lockdown, Evacuation, Inclement Weather Plans:

Specific Instructions:
Communication Plan:
Safe Place for Child:
Notes:
Specific Instructions:
Communication Plan:
Safe Place for Child:
Notes:
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Notes:
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Elopement or Behavioral Plans:

Strategies to Prevent Elopement
Actions to Take if Elopement Occurs:
Notes:
Behavioral Intervention Plan/ Location of Plan:
School Counselor or Therapist:
School Safety Resource Officer: Notes:
Additional Notes:

*Note: Remember to keep copies of any Elopement or Behavioral plans in a safe place. These plans can and should be amended each school year, or as needed.

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