**INDIVIDUAL HEALTHCARE PLAN (IHP)/**

**EMERGENCY ACTION PLAN (EAP)**

**REVIEW SIGN-OFF SHEET  
*For Faculty and School Staff***

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| Student Name: |
| School: School Year: 20\_\_\_\_-20\_\_\_\_ |
| School Nurse: |
| Date Created: |

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| Date Signed | IHP/EAP or Both | Name of Faculty/Staff | Title | Comments |
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