Parent Individual Healthcare Plan Information Form
Pepa in Melele ko jen Mama/Papa

1. Does your child have a medical condition or illness that requires routine or emergent care during the school day?  
   Ewor ke juôn an ajiri ne nejûm nañinmej eo me ej aikuj jibâñ kake ilo an bed ilo jikuul? 
   □ Yes/Aet  □ No/Jaab  
   If yes, what is the name of the condition?  
   Ne aet, etan nañinmej ne? ____________________________

2. When and how often is this medical condition a problem for your child?  
   Naat im ewi ikkutkut in an ajiri ne nejûm bôk nañinmej ne an?  

3. How does the condition or illness affect your child when the symptoms are most serious?  
   Ialmen an nañinmej ne jelet ajiri ne nejûm ñe kakölle relukkun lap im kajoor?  

4. Please list all medications your child currently takes (over the counter and prescription).  
   Jouj im kalaajraki aolepen uno ko ajiri ne nejûm ej bûki kiô (uno ko jen taktô im ko jen môn wia ko) ____________________________

5. Have there been any important changes within the family recently (i.e. moves, births, death, serious illness (family member, friend), separations/divorce)?  
   Ekar ke wor oktak aurôk ibben baamle ne iloan raan ko rej mooltôk (einwot: emmakit jen jikin ńan jikin, lotak, mij, nañinmej ko rellap (uan baamle ne, môttami, jebel):  
   □ Yes/Aet  □ No/Jaab  
   If yes, please identify the changes and when they occurred:  
   Ne aet, jouj im kwalôk oktak rôt im ńaat: ____________________________

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6. Describe your child’s behavior and relations with others peers, siblings, neighbors, and parents (i.e. get along well with others, social, affectionate, withdrawn):
Kōmeleleiki mwilin im wāwein ajiri ne nejūm ibben ajiri ro drettan wot, ro jein im jatin, ro rej jokwe turimi, im jinen/jemen (einwōt: kareijar ibben ro jet, bed im makitkit ibbāer, kwalōk an iakwe, makoko):

______________________________________________________________________________
______________________________________________________________________________

7. Information from a medical provider can be very helpful in determining how to best meet your child’s needs. Please provide any pertinent medical records.
Melele ko jen taktō remaroń lukkun jibań ilo ad kajjeń in bukōt wāwein ko rejejńōt tata nan kabwe aikuj ko an ajiri ne nejūm. Jouj im letok jabdeiwot melele ko jen taktō kin nańinmej in.

______________________________________________________________________________

8. Is there any other information about your child that you would like the school staff to know?
Ewor ke jabdeiwōt bar melele kin ajiri ne nejūm im kwoj kōnaan bwe rijerbal ra an jikuul e ren jelā kake?

______________________________________________________________________________

Parent/Guardian Name (PRINT) ___________________________ Parent/Guardian Signature ___________________________
Etan Jinen/Jemen/Armej eo ej Eddroiki (JEIKI) Jaini etan Jinen/Jemen/eo ej Eddroiki

UNIVERSITY OF SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Center for Disabilities