Child's Photo

Individual Health Care Plan Form

Plan must be renewed annually or when child's condition changes

Check all that apply…

Plan was created by:

_____ Parent
_____ Doctor or Licensed Practitioner
_____ Program's Health Care Consultant
_____ Older school age child (9+ yrs. of age)
_____ Other:_____

Plan is maintained by:

_____ Director
_____ Assistant Director
_____ Child's Educator
_____ Other:_____

Name of child: Date:

Any change to the child's Health Care Plan?

YES (indicate changes below) **NO** (updated physician/parent signatures required)

Name of chronic health care condition:

Description of chronic health care condition:

Symptoms:

Medical treatment necessary while at the program:

Potential side effects of treatment:

Potential consequences if treatment is not administered:

Name of educators that received training addressing the medical condition:

Person who trained the educator (child's Health Care Practitioner, child's parent, program's Health Care Consultant):

Name of Licensed Health Care Practitioner (print):_____

Lic. Health Care Practitioner authorization:_____Date:_____

Parent/Guardian consent:_____Date:_____