

Individual Health Care Plan Form

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

Check all that apply Plan was created by:	Plan is maintained by:
ParentDoctor or Licensed Practitioner	Director Assistant Director
Program's Health Care Consultant	Child's Educator
Older school age child (9+ yrs. of age)	Other:
Other:	
Name of child:	Date:
Any change to the child's Health Care Plan? YES (indicate changes below) NO	O (updated physician/parental 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	ed:
Name of educators that received training addressing t	he medical condition:
Person who trained the educator (child's Health Care Consultant):	Practitioner, child's parent, program's Health Care
Name of Licensed Health Care Practitioner (please pr	rint):
Licensed Health Care Practitioner authorization:	Date:
Parental/Guardian consent:	Date:
Older Children ONLY (9+ years of age)	
	nsed health care practitioner, this Individual Health Care Plan perm or epinephrine auto-injector and use them as needed without the dir
nephrine auto-injector will be kept secure from access b	f the child's Individual Health Care Plan specifying how the inhaler by other children in the program. Whenever an Individual Health Can, the licensee must maintain on-site a back-up supply of the medication
of child: Date of birth:	Back-up medication received? YES NO
ent signature:	Date:
ninistrator's signature:	Date: