

## **Individual Health Care Plan Form**

**Child's Photo**

**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? <b>YES</b> (indicate changes below) <b>NO</b> (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:	
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 (please print): \_\_\_\_\_

Licensed Health Care Practitioner authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Parental/Guardian consent: \_\_\_\_\_ Date: \_\_\_\_\_

