

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:	Plan is maintained by:
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Parent	Director
Doctor or Licensed Practitioner	Assistant Director Child's Educator
Program's Health Care ConsultantOlder school age child (9+ yrs. of age)	Child's Educator Other:
Older school age child (9+ yrs. of age) Other:	Ouler
Name of child:	Date:
Any change to the child's Health Care Plan?	
YES (indicate changes below) NO (upd	ated 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 administe	red:
Name of educators that received training addressing	the medical condition:
Person who trained the educator (child's Health Car Care Consultant):	re Practitioner, child's parent, program's Health
Name of Licensed Health Care Practitioner (J	please print):
Licensed Health Care Practitioner authorization	on:Date:
Parental/Guardian consent:	Date:
For Older Children ONLY (9+ years of age)	
With written parental consent and authorization of a licensed health school age children to carry their own inhaler and/or epinephrine aut an educator.	
The educator is aware of the contents and requirements of the chepinephrine auto-injector will be kept secure from access by other cleprovides for a child to carry his or her own medication, the licensee medded.	hildren in the program. Whenever an Individual Health Care Plan
Age of child:Date of birth:	Back-up medication received? YES NO Parent
signature:	Date:
Administrator's signature	Date