

Individualized Healthcare Plan – post surgical and/or post hospitalization

Child's name:	D.O.B.:	Date:
Child care or School:	Phone:	Classroom:
Parent/Guardian:	Home Phone:	Work Phone:
Address:	City:	State: CO Zip:
Physician:	Phone:	Hospital:
Emerg phone contact:	Cell Phone:	Home phone:

In order for this child to safely return to school or child care, the following information is needed. The physician must release this child to return to care or school, by completing the following information and signing at the bottom, prior to the child returning to child care/school. Please note that child care staff/school staff are not trained to provide post-surgical care. Same-day return after outpatient surgery is not appropriate. If a child is returning after a hospitalization or any type of surgery, written instructions for care are needed prior to his/her return to care. The RN, Child Care Health Consultant will review the instructions and do appropriate training for the staff persons who will be caring for the child.

This child has recently had surgery or an inpatient hospitalization. Please describe type of procedure or illness in this space. Please note the date the child may return to child care or school.

Brief Health History (that pertains to this incident and may impact care for the child at this time)

INTERVENTIONS

All medications – given at home or child care during the recovery period (including any pain medications, with complete instructions, including appropriate dose, possible side effects and how many days pain meds may be used in child care as the child is recovering.)

Restrictions/Precautions

Other Significant Interventions

Goals:

1. safe recovery from illness or surgical procedure while in child care/school
2. safe medication administration during post surgical/post inpatient period in child care/school
3. effective communication between health care provider, parent, child care health consultant and child care/school staff
4. adequate pain control
5. (other): _____

• Parent Signature _____ Date _____

Health Care Provider Signature (MD, DO, PA, DDS, or NP) _____ Date _____

Printed name of health care provider _____ phone _____

Child care health consultant signature _____ Date _____

- Parent signature denotes permission to contact health care provider in regard to Health Plan and release appropriate Health Plan information to child care/school staff on a "need to know" basis. It is the responsibility of parent/guardian to notify child care director or nurse of any changes in student's health status or care.