

Individual Health Care Plan Form

The plan must be renewed annually or when the child's condition changes

I _____ parent of _____ give my authorization to North Shore Stars Daycare staff to follow listed below Individual Health Care Plan for my child that was created and authorized by child's Doctor or Licensed Practitioner

Name of child:	Date of Birth:
Any change to the child's Health Care Plan? YES (indicate changes below) NO (updated physician/parental signatures required)	
Name of chronic health care condition / Allergy: _____ _____ _____	
Description of chronic health care condition / Allergy: _____ _____ _____ _____	
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 signature: _____ Date: _____

Parental/Guardian Name: _____

Parental/Guardian signature: _____ Date: _____