

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 was maintained

by:

- Parent
- Doctor or Licensed Practitioner
- Program's Health Care Consultant
- Other: _____

- Director
- Assistant Director
- Child's Educator

Name of child:	Date:
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:	
Description of chronic health care condition:	
Symptoms:	
Medical treatment if 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:
