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:
Parent	Director
_ Doctor or Licensed Practitioner	Assistant Director
Program's Health Care Consultant	Child's Educator
Older school age child (9+ yrs. of age)	Other:
Other:	
Name of child:	Date:
Any change to the child's Health Care Plan? YES (indicate changes below) N	(O (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	ed:
Name of educators that received training addressing	the medical condition:
Person who trained the educator (child's Health Care Consultant):	Practitioner, child's parent, program's Health Care
Name of Licensed Health Care Practitioner (please p	print):
Licensed Health Care Practitioner authorization:	
Parental/Guardian consent:	Date:
For Older Children ONLY (9+ years of age)	
	ensed health care practitioner, this Individual Health Care Plan permits for epinephrine auto-injector and use them as needed without the direct
pinephrine auto-injector will be kept secure from access	of the child's Individual Health Care Plan specifying how the inhaler of by other children in the program. Whenever an Individual Health Care on, the licensee must maintain on-site a back-up supply of the medication
Age of child:Date of birth:	Back-up medication received? YES NO
Parent signature:	Date:
Administrator's signature:	Date: