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:		
Г	Name of child:	D. /	
	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:		
•	S		
	Symptoms:		
•	Medical treatment necessary while at the program:		
	Treatear treatment necessary winte at the program.		
	Potential side effects of treatment:		
F	Potential consequences if treatment is not administered:		
	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):		
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	Name of Licensed Health Care Practitioner (please print):		
	Name of Electised freath Care i factitioner (piease print).		
	Licensed Health Care Practitioner authorization:	Date:	
	Parental/Guardian consent:	Date:	
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For OI	der Children ONLY (9+ years of age)		
With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits			
older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct			
superv	rision of an educator.		
Tri			
		the child's Individual Health Care Plan specifying how the inhal y other children in the program. Whenever an Individual Health	
		the licensee must maintain on-site a back-up supply of the medic	
-	e as needed.	the hoensee must maintain on site a back up supply of the means	201011
Age of	f child: Date of birth:	Back-up medication received? YES NO	
Parent	signature:	Date:	
Admir	nistrator's signature:	Date:	
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