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?	
	(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 administ	ered:
Name of educators that received training addressing	g the medical condition:
Person who trained the educator (child's Health Car Care Consultant):	e Practitioner, child's parent, program's Health
Name of Licensed Health Care Practitioner (please p	rint):
Licensed Health Care Practitioner authorization:	Date:
Parental/Guardian consent:	Date:
Older Children ONLY (9+ years of age)	
	censed health care practitioner, this Individual Health Care Planck nhaler and/or epinephrine auto-injector and use them as neede
epinephrine auto-injector will be kept secure from a	of the child's Individual Health Care Plan specifying how the inhal access by other children in the program. Whenever an Individu wn medication, the licensee must maintain on-site a back-up supp
he medication for use as needed.	
	Back-up medication received? YES NO

Administrator's signature:______Date: ____