



Form 13. Individual Health Care Plan Form

Plan must be renewed annually or when child's condition changes



Check all that apply...

Plan was created by:

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

Plan is maintained by:

- Director
- Assistant Director
- Child's Educator
- Other: _____

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:	
Description of chronic health care condition:	
Symptoms:	
Medical Treatment necessary while at the program (note name of medicine and dosage):	
Potential side effects of treatment:	
Potential consequences if treatment is not administered:	
Name(s) of educator(s) that received training addressing the medical condition:	
Person who trained the educator(s) (child's Health Care Practitioner, child's parent, program's Health Care Consultant):	

I give permission for this child's parent (guardian) and/or the program's Health Care Consultant to train the educators in this child's Individual Health Care Plan.

Name of Licensed Health Care Practitioner (please print): _____

Licensed Health Care Practitioner authorization: _____ Date: _____

By signing this form, I give permission for WCCC to administer the medications listed on the Action Plan provided by the Physician's Office and listed on this Individual Health Care Plan.

Parental/Guardian consent: _____ Date: _____