

Center Early Childhood

Individualized Health Care Plan

(Must be signed by a physician or signed by a parent if a condition does not exist.)

Parent/Guardian Name: _____
Child's Name: _____ Birth Date: _____

It is required that an Individualized Health Care Plan be on file for children who may have special health care needs, which may necessitate specialized care by child care staff. This plan must be completed by a physician or professionally qualified individual. This information will be provided to the program at the time of application or as soon as awareness of the condition becomes known. Its purpose is to provide optimum service at the center for your child to participate at their fullest level.

<input type="checkbox"/> Yes, my child DOES have a condition that requires an individualized Health Care Plan. I will have my child's Primary Care Provider complete the form and I will return it to the school as soon possible and with 30 days of the date below.
<input type="checkbox"/> To my knowledge, my child DOES NOT have a condition that requires an Individualized Health Care Plan at this time.
Parent/Guardian Signature _____ Date _____

If YES is checked above the following information must be completed by your child's Physician, Therapist, or Nurse Practitioner regarding:

(Diagnosis or description of health condition)

The following information is to be completed by a Physician, Therapist, or Nurse Practitioner:

1. This above named child has been diagnosed with the following health condition:

2. Does child have any allergy problems (rash, itching, swelling, difficulty breathing, etc.) associated with specific allergens (insects, animals, dust, seasonal, etc.)? If yes, please list.

Does child require any type of TUBE FEEDING during school hours? YES NO

3. Is medication required for either of the above conditions?
 YES NO If yes, please state:

Medication Name	Dosage	Frequency

4. Does the medication need to be administered by child care staff?
 YES NO

5. What type of adverse reaction could this child have to this medication?

What action should be taken by child care staff in the event of a reaction?

6. This child MAY MAY NOT participate in regular activities of the child care facility? Comments or restrictions:

7. Does this health condition require any specialized care by child care staff?
 YES NO If yes, what?

8. In case of medical emergency, due to this child's special health condition, child care staff should:

9. Other comments

Signature of Physician, Therapist, or Nurse Practitioner

Date

Provider's address

City

State

Zip

Phone number