

Individual Health Care Plan Form

Child's Photo

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 Program Coordinator
 Child's Educator Other: _____

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: _____	
Symptoms: _____	
Medical treatment necessary while at the program: _____	
Potential side effects of treatment: _____	
Potential consequences if treatment is not administered: _____	
Name of educators that have taken the 5 rights of medication training and have been trained by the person below: All Staff	
Person who trained the educator (child's Health Care Practitioner, child's parent, program's Health Care Consultant): Bowen School Nurse	

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

Licensed Health Care Practitioner Authorization: _____ Date: _____

Parental/Guardian consent: _____ Date: _____

For Older 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 supervision of an educator.

The educator is aware of the contents and requirements of the child's Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of child: _____ Date of birth: _____ Back-up medication received? YES NO

Parent/Guardian Signature: _____ Date: _____

Administrator's signature: _____ Date: _____