

CHICKPEA PRE-K

Individual Health Care Plan Form

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

Check all that apply

Child's Photo

Plan was created by:

Plan is maintained by:

- | | |
|--|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Director |
| <input type="checkbox"/> Doctor or Licensed Practitioner | <input type="checkbox"/> Assistant Director |
| <input type="checkbox"/> Program's Health Care Consultant | <input type="checkbox"/> Child's Educator |
| <input type="checkbox"/> Older school age child (9+ yrs. of age) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 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 received training addressing the medical condition:	
Person who trained the educator (child's Health Care Practitioner, child's parent, program's Health Care Consultant):	

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

Licensed Health Care Practitioner authorization: _____ Date: _____

Parental/Guardian consent: _____

Date: _____