



Individual Health Care Plan

The Department of Early Education and Care, our licensing authority, an Individual Health Care Plan for any child who has been diagnosed with a chronic medical condition, including but not limited to a condition that may require an emergency response or ongoing, long-term administration of health care procedures.

Name of child: _____ Date of birth: _____

Name of chronic health care condition: _____

Description of chronic health care condition: _____

Symptoms: _____

Medical treatment necessary while at the Y: _____

Who has been trained and will be administering this treatment while my child is at the Y: _____

Potential side effects of treatment: _____

Potential consequences to the child's health if treatment is not administered: _____

(Optional) Other recommendations (e.g., further tests, treatments, mitigating measures, accommodations required to all for the child's full participation, etc.): _____

Name and phone number of Licensed Health Care Practitioner: _____

Signature of child's parent or guardian: _____ **date** _____

Plan is valid for one year from the date unless withdrawn sooner and must be renewed annually as long as medically appropriate.