



## Individual Health Plan

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Plan is created by (Circle One) :

Parent      Doctor or Practitioner      VNA      Prog. Health Consultant      Other

Plan is maintained by (Circle One):

Director      Assistant Director      Education Coordinator      Other

Plan includes written parent consent?      Yes      No

Plan includes Doctor or Practitioner Authorization on File?      Yes      No

Medical Condition
Symptoms
Treatment
Side Effects of Treatment
Consequences If Not Treated

HCP Included additional information attached:      Yes      No

(Parent/Guardian must inform the center immediately if there are ANY changes or adjustments to this plan). Plan is valid for one year and must be reviewed and validated annually.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Authorized Signature

There are no changes to my child's IHC Plan

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Authorized Signature