



Individual Health Care Plan
For children with chronic medical conditions
(Any condition requiring an epi-pen, asthma, epilepsy, and others)

To be completed by Physician:

Child's Name: _____

Condition: _____

Symptoms: _____

Treatment Plan:

Side Effects:

Consequences of Failure to Treat:

Physician's Signature

Date

Parent/Guardian's Signature

Date

December 1, 2011

Dear Parent/Guardian,

Our records indicate that your child, _____, has the following medical condition:_____.

The Department of Early Education and Care now requires that we have an Individual Health Care Plan and an Action Plan for your child. Please have your child's physician fill out the attached forms and return them to us as soon as possible.

Also, for any child with asthma and/or food allergies, the child's emergency medications need to be at the center at all times when your child is present. This includes epi-pens, inhalers, and nebulizers. Please ask your child's doctor for extra supplies that can be left at the center.

If you have any questions or concerns, please feel free to stop by the office or call us at (508)890-7976.

Sincerely,

Cheryl Stall
Director

Tabitha Desplaines
Assistant Director