

**Nature Center Preschool
At the South Shore Natural Science Center**

Child's photo

Individual Health Care Plan

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
- Assistant Director
- 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 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: _____