

Maria L. Baldwin Community Center Children's Programs

Individual Health Care Plan for Chronic Conditions

Required by the EEC. Plan must be renewed annually or when child's condition changes.

Fax Number: 857-336-0017

Attach Child's
Photo Here

(Optional)

Complete all highlighted sections

Check all that apply

Plan was created by:

☐

Parent

☐

Doctor or Licensed Practitioner

☐

Program's Health Care Consultant

☐

Older school age child (9+ yrs. of age)

☐

Other: _____

Plan is maintained by

☐

Program Director

☐

Site Director

☐

Child's Educator

☐

Other: _____

Child's first name: _____

Date plan was created: _____

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:

Back up medication received? ☐ Yes ☐ No
(Two Epi-Pens are required)

Potential side effects of treatment:

Potential consequences if treatment is not administered:

Name of educators that received training addressing the medical condition:

ALL SIGNATURES REQUIRED

Person who trained the educator (health care practitioner, parent, or program's health care consultant):

Name of Licensed Health Care Practitioner: _____

Licensed Health Care Practitioner Authorization (Signature):

Date: _____

Parent/Guardian/Caregiver Consent (Signature):
