Child's Photo

HASP Individual Health Care Plan Form

Plan must be renewed annually or when a child's condition changes.

Check all that apply …

Plan was created by:

___ Parent
___ Doctor or licensed practitioner
___ Program's Health Care Consultant
___ Child (over 9 years of age)
___ Other

Plan is maintained by:

___ Director
___ Assistant Director
___ Child's Educator
___ Other

NAME OF CHILD: **DATE:**
_____
ANY CHANGES IN CHILD'S HEALTH CARE PLAN?
[ ] YES (indicate changes below [ ] NO (Updated physician/parental signatures required)
NAME OF CRONIC HEALTH CARE CONDITION:
_____
DESCRIPTION OF CHRONIC HEALTH CARE CONDITION:
SYMPTOMS:
MEDICAL TREATMENT NECESSARY WHILE AT THE PROGRAM:
POTENTIAL SIDE EFFECTS OF TREATMENT:
POTENTIAL CONSEQUENCES IF TREATMENT IS NOT ADMINISTERED:
NAME OF EDUCATORS WHO RECEIVED TRAINING ADDRESSING THE MEDICAL CONDITION:
Rochelle Acker, Erin Bisceglia, Francis Henk, Nick Ironside and Patrick Garvey
PERSON WHO TRAINED THE EDUCATOR: (child's health care practitioner, child's parent, program's health care consultant)
NAME OF LICENSED HEALTH CARE PROFESSIONAL (PRINT): **DATE:**
LICENSED HEALTH CARE PRACTIONER AUTHORIZATION: **DATE:**
PARENT / GUARDIAN CONCENT: **DATE:**
For Older Children ONLY (9+ years of age) **With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct supervision of an educator. The educator is aware of the contents and requirements of the child's Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.**
AGE OF CHILD: _____ DATE OF BIRTH: _____ BACK-UP MEDICATION RECEIVED? YES NO
PARENT SIGNATURE: _____DATE: _____
ADMINISTRATOR'S SIGNATURE: **DATE:**