



Individual Health Care Plan Form

Child's name		Place picture of child here
Date of birth		
Campus		
Has an additional Individual Health Care Plan been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian* (name and phone number)		
Parent/Guardian* (name and phone number)		
Health care provider (name and phone number)		

*See emergency contact information on file if parents are unavailable.

Describe this child's individual need:
Describe specific instructions/accommodations for this child (i.e., eating, behavioral, or environmental):
List special materials/equipment needed:
If you see this ...
Do this ...

Medications child is currently taking at school and/or home:

Name of medication	Reason for medication	Possible side effects

We administer medications at:

12 p.m. 2:00 p.m. Other times ordered by licensed health practitioner: _____

Start date	Stop date	Dosage	How to give? (Method: oral, topical, ear, eye, inhaled, injection, etc.)	Home, school, childcare, or recreation (ext. sch)

Does medication require refrigeration? Yes No

Above information consistent with label? Yes No Confirmed by: _____

Before child participates in any Cascade Christian programs, parent/guardian or health care provider must provide specific staff training related to the child's needs.

Training required for staff to carry out the individual health care plan.

Procedure and date completed	Trainer	Staff member

Prescribing Licensed Health Practitioner Signature

Date

Email

Individual Health Care Plan reviewed by:

Parent/Legal Guardian (print)

Signature

Date

Lead Teacher (print)

Signature

Date

Site/Program Supervisor (print)

Signature

Date

Director/Principal (print)

Signature

Date

- This Individual Health Care Plan will be reviewed/revised annually or immediately if changes are indicated.
- A copy of this plan will be placed in the child's file.
- A copy will be provided to the lead teacher in the child's classroom as well as the cook (when applicable) so they may provide individual care as required.
- Provisions to store a three-days' supply of medications to meet disaster preparedness guidelines (WAC 170-295-5030) are required.