

Quincy After School Child Care, Inc.
Individual Health Care Plan Form

Instructions:

This form must be completed by a parent/guardian for any child with a chronic health condition.

A new form must be completed annually.

Please attach any additional information that is pertinent to the child's care.

The child's Licensed Health Care Practitioner must authorize this plan by signing this form.

This plan must be updated with new physician/parental signatures when the child's condition changes.

If the child has food allergies a Food Allergy Action Plan must be completed (back side of this form).

Check all that apply....

Plan was created by:

- Parent/Guardian
- Doctor or Licensed Practitioner
- Program's Health Care Consultant
- Other: _____

Plan is maintained by:

- Program Director
- Site Coordinator
- QCARE Staff
- Other: _____

Name of child:	D.O.B.:
Name of chronic health care condition:	
Symptoms:	
Medical treatment necessary while at the program (include dosage and time needed):	
Potential side effects of treatment:	
Potential consequences if treatment is not administered:	
Name of educators that received training addressing the medical condition: Any QCARE staff who have taken the "5 Rights of Medication" training, have current First Aid Certification, and have been trained by someone listed below.	
Person who trained the educator (circle one) Child's Health Care Practitioner, child's parent, QCARE's Health Care Consultant, Certified First Aid Instructor, School Nurse	

REQUIRED AUTHORIZATIONS:

The undersigned authorizes Quincy After School staff to receive training relative to the child's IHCP by the child's parent, QCARE's health care consultant or another representative selected by the parent.	
Name of Licensed Health Care Practitioner (please print): _____	
Licensed Health Care Practitioner authorization: _____	Date: _____
Parental/Guardian consent: _____	Date: _____