

Teachable Moments Childhood Program

Individual Health Care Plans

In accordance with EEC regulations 7.11 (3), every child with a diagnosed chronic condition (ex. Asthma, allergies or any medical diagnosis requiring regular medication or reactive medication), must have an Individual Health Care Plan on file that included the following: diagnosis, symptoms, medical treatment plan, potential side-effects and potential consequences to the child's health if the treatment is not administered.

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:

Director

Assistant Director

Child's Educator

Other: _____

Child's Name:

Date of Birth:

Diagnosis:

Symptoms:

Medical Treatment Plan Including Needs While in School:

Potential side-effects to be aware of an appropriate action to be taken:

Potential consequences to child's health if treatment is not administered:

Non-Prescription Authorization of file (yes/not applicable):

Name of Medication/Expiration Date:

Prescription Authorization of file/Date (yes/not applicable):

In order for TM to implement this treatment plan, training must be provided to those responsible for administering any medication. Training may be provided by the child's physician or by the parent with physician's written permission. The training must include explanation of all above documented information.

Name of Person Training Staff:

Name of Persons Trained/Date:

In the event that an unanticipated need for medication or treatment for a non-life-threatening condition occurs, TM will make every effort to contact you prior to administering the treatment plan. If you are not able to be contacted, the treatment plan will be implemented according to specification outlined by your physician and we will continue to work to contact you to communicate the situation.

Doctor's Signature: _____ Date: _____

Phone Number: _____

Parent's Signature: _____ Date: _____

Phone Number: _____

This form is valid for one year from the date noted, at which point an updated form will be required to be completed for your child's file.