

Name of child: \_\_\_\_\_

Date: \_\_\_\_\_

**Project Learn Childcare  
Individual Health Care Plan (IHCP)**

**\*PLEASE NOTE – the PARENT/GUARDIAN MUST inform the program IMMEDIATELY if there are ANY changes/adjustments to this plan. The plan is only valid for one year.**

• Please  all that apply. This plan is created by:  Parent  Doctor or health care practitioner  Other \*please state who:

Name and description of medical condition	Symptoms	Medical treatment necessary while at program	Potential side effects of treatment	<u>Potential</u> consequences if not treated

Name of Licensed Health Care Practitioner (please print) \_\_\_\_\_

Licensed Health Care Practitioner signature \_\_\_\_\_ Date: \_\_\_\_\_

Parental/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

-----OFFICE USE ONLY-----

This plan is maintained by:  
 Childcare Director  Other – please state who \_\_\_\_\_

Names of educators who received training addressing this medical condition \_\_\_\_\_

Person who trained the educators \_\_\_\_\_ Date \_\_\_\_\_