Date:

Child’s Name:

Plan is created by (Circle One) :

Parent Doctor or Practitioner VNA Prog. Health Consultant Other

Plan is maintained by (Circle One):

Director Assistant Director Education Coordinator Other

Plan includes written parent consent? Yes No

Plan includes Doctor or Practitioner Authorization on File? Yes No

Medical Condition

Symptoms

Treatment

Side Effects of Treatment

Consequences If Not Treated

HCP Included additional information attached: Yes No

(Parent/Guardian must inform the center immediately if there are *ANY* changes or adjustments to this plan. Plan is valid for one year and must be reviewed and validated annually.

Parent Signature Date Center Authorized Signature

There are no changes to my child’s IHC Plan

Parent Signature Date Center Authorized Signature