**Health Care Plan**

**Generic**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last, First Middle Name:** | | |  | | **Site** | |  | | **Room Number** | |  |
| **Date of Birthday** | |  | | **Doctor** | |  | | **Clinic** | |  | |
| **Clinic Phone:** |  | | |  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Diagnosis** | **Trigger** | **Treatment** | **Is treatment needed at school?** |
|  |  |  | Yes  No |
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| **Symptoms:** |  |  |  |  |
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| --- | --- |
| **Action Plan ( If symptoms are present at center):** |  |
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| --- | --- |
| **Transportation:** |  |
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| **Licensed Health Care Provider Signature** | **Date** |  | **Printed LHCP Name** |  |
|  |  |  |  |  |
| **ESD 105 Health Representative** | **Date** |  | **Staff Signature** | **Date** |
|  |  |  |  |  |
| **Family Advocate** | **Date** |  | **Staff Signature** | **Date** |
|  |  |  |  |  |
| **Parent Signature** | **Date** |  | **Staff Signature** | **Date** |
|  |  |  |  |  |
| **USDA** | **Date** |  | **Transportation** | **Date** |
|  |  |  |  |  |
| **Emergency Number** |  |  | **ACM/CM** | **Date** |

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| --- |
| Rescue medication \_\_\_\_ Original in Student File \_\_\_\_ Posted on classroom bulletin board \_\_\_\_ Flagged in ChildPlus \_\_\_\_  **Copy in**: Room emergency binder \_\_\_\_ Front office emergency binder \_\_\_\_ Transportation \_\_\_\_ Entered in ChildPlus \_\_\_\_  Uploaded into ChildPlus \_\_\_\_ |