**Health Care Plan**

 **Generic**

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

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| --- | --- | --- | --- |
| **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 \_\_\_\_  |