

Module 2: Essential Principles for Care

Handout Q: Sample Individualized Health Plan

ROUTINE CARE

Today's Date: _____ Review no later than: _____

Child: _____ Birthdate: _____

Parent(s) or Guardian(s): _____ Phone #: _____

Primary Health Care Provider: _____ Phone #: _____

DIAGNOSIS: 1. _____ 2. _____ 3. _____

REGULARLY-SCHEDULED MEDICATIONS

Medication	Schedule (When)	Dose (How much)	Route (How)	Possible Side Effects

Describe accommodations the child needs in daily activities:

Check whether accommodations needed at: **HOME** **SCHOOL**

• Diet or Feeding: _____

• Classroom Activities: _____

• Naptime/Sleeping: _____

• Toileting: _____

• Outdoor Activities/Field Trips: _____

• Transportation: _____

• Other: _____

Module 2: Essential Principles for Care

Handout Q: Sample Individualized Health Plan *(continued)*

EMERGENCY CARE

Child: _____ **Birthdate:** _____

Parent(s) or Guardian(s): _____ **Phone #:** _____

Primary Health Care Provider: _____ **Phone #:** _____

DIAGNOSIS: 1. _____ 2. _____ 3. _____

CALL PARENTS FOR:

**While waiting for parent(s)
or medical help to arrive:**

GIVE AS NEEDED OR EMERGENCY MEDICATION FOR:

Medication	Schedule (When)	Dose (How much)	Route (How)	Possible Side Effects

GET MEDICAL ATTENTION FOR:

CALL 911 (Emergency Medical Services) FOR:

I have helped develop this health plan. I understand it and will try my best to follow the plan. I will communicate any changes in the child's condition or treatment. Plan completed: _____ (date). Plan will be updated on or before: _____ (date).

Parent(s) or Guardian(s): _____

Head Start Staff Name(s) & Title(s): _____

Health Care Provider Name(s) & Title(s): _____

Other: _____