

Child & Family Services

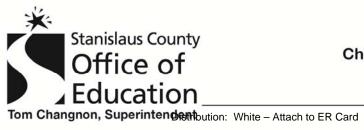


Tony Jordan, Executive Director 1100 H Street • Modesto CA 95354 • (209) 238-1800 • FAX (209) 238-4217

HEAD START INDIVIDUALIZED HEALTH CARE PLAN

(Note: use one plan for each medical diagnosis requiring treatment)

□ INTERIM	☐ FINAL	Ι	UPDATE/REVISION	
Date:	Date:	Da	Date:	
Child's Name			DOB	
Diagnosis		FCCH/Center		
Teacher		Physician(s)		
Designated		Health		Staff
Parent/Guardian Name Date				
HEALTH CARE PLAN	FOR CENTER / FAMI	LY CHILDCARE HO	DME:	
I have read this plan a	nd am in agreement.			
				
Physicia	n's Signature		Date	
Designated H	ealth Staff Signature		Date	
Parent Signature			 Date	



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Pink – Child's Health File Yellow - Parent Tony Jordan, Executive Director 1100 H Street • Modesto CA 95354 • (209) 238-1800 • FAX (209) 238-4217 Tony Jordan, Executive Director