Stanislaus County Office of Education
Tom Changnon, Superintendent

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** ☐ **UPDATE/REVISION**

Date: _____ **Date:** _____ **Date:** _____

Child's Name _____ DOB _____

Diagnosis _____ FCCH/Center _____

Teacher _____ Physician(s) _____

Designated Health Staff _____

Parent/Guardian Name _____

Date _____

HEALTH CARE PLAN FOR CENTER / FAMILY CHILDCARE HOME:

I have read this plan and am in agreement.

_____ _____
Physician's Signature **Date**

_____ _____
Designated Health Staff Signature **Date**

_____ _____
Parent Signature **Date**

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Distribution: White – Attach to ER Card Pink – Child's Health File Yellow - Parent