

**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**

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