



Okaloosa County Comprehensive Head Start/Early Head Start Child Development, Inc.
2018 Lewis Turner Blvd. Suite -B Fort Walton Beach, FL 32547
850-651-0645-Office 850-651-8693 -Fax

Health Care Plan

5. <u>Current medications</u>	
<u>Rx</u> <u>Name</u>	<u>Possible</u> <u>Rx</u>
a.)	
b.)	
c.)	

d.) will medication be given at school? Yes No

If yes, complete attached medication administration form. Form required prior to medication administration.

6. Allergies

7. Special Training Needs for Head Start/Early Head Start Staff (i.e. use of special equipment)

8a. Medical Provider Comments

8b. Parent Comments

Physician's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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Health Care Plan

Child's Name: _____ Date: _____
Center: _____ Room: _____
Parent/Guardian(s): _____ Daytime Phone: _____
Physician: _____ Physician Phone: _____
Hospital: _____ Insurance Carrier & Number: _____
Emergency Contact: _____ Relationship: _____ Phone: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

Head Start requires that an individualized care plan be on file for children who may have special health care needs that may necessitate specialized care. The individualized health care plan's purpose is to provide optimum service and safety for the above named child. **The Health Care Plan must be signed by a physician, Nurse Practitioner, RN or other licensed professional, preferably the provider that treats the child for the special health condition, and renewed annually or as needed. THIS INFORMATION MUST BE PROVIDED TO THE PROGRAM BEFORE THE CHILD'S FIRST DAY OF SCHOOL. INDICATE ANY PORTIONS AS NOT APPLICABLE WHEN NECESSARY. NO PORTION SHOULD BE LEFT BLANK.**

1. **Medical Diagnosis** requiring plan:

2. **Signs or Symptoms** (What should staff be alerted to?)

3. **Intervention** (How would you like staff to respond? When should 911 be called?)

4. **Accommodation Needs** (i.e. dietary restrictions, restricted activity, environmental control, etc.)