

Ludlow Community Center
Randall Boys & Girls Club
Individual Health Care Plan Form

Name of Child: _____ DOB: _____ Grade: _____

Program: Before School After School Summer FUN Vacation/Special Day

Chronic healthcare condition: _____

Description of chronic healthcare condition: _____

Symptoms: _____

Medical treatment necessary while at the Club: _____

Potential side effects and treatment: _____

Potential consequences if treatment is not administered: _____

Educator's trained to administered medication: _____

Check all that apply...

Plan was created by:

- Parent / Guardian
- Doctor or Licensed Practitioner
- Program Health Care Consultant
- Other: _____

Plan is maintained by:

- Program Director
- Site Coordinator
- Child's Educator
- Other: _____

Name of Licensed Health Care Practitioner: _____

Please print

Licensed Health Care Practitioner signature: _____ Date: _____

Parent / Guardian signature: _____ Date: _____