

**Ludlow Community Center
Randall Boys & Girls Club
Individual Health Care Plan/ Medication Consent Form**

Name of Child: _____ Grade: _____

Program: _____

Educator (s) trained in administering medication

Name _____ Name _____

Name of chronic health care condition:

Description of chronic health care condition:

Symptoms:

Medical treatment necessary while at the Club:

Potential side effects of treatment:

Potential consequences if treatment is not administered:

Person who trained the educator (child's Health Care Practitioner, child's parent or program's Health Care Consultant):

Check all that apply...

Plan was created by:

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

Plan is maintained by:

Director
 Assistant Director
 Child's Educator
 Other: _____

Name of Licensed Health Care Practitioner (please print): _____

Licensed Health Care Practitioner signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____