

Health Care Plan

Name: _____ Center: _____

Diagnosis or Medical Condition: _____

Specific information helpful to teaching staff about diagnosis or medical condition: _____

Medication taken by child for the condition or illness: _____

Specific concerns: _____

Specific actions for teaching staff: _____

Parent signature

Date

Doctor signature

Date

Part C: Head Start Staff Acknowledgment: By signing below, I acknowledge my responsibility to ensure the medication for the above-mentioned child is administered as directed in Part A.

Teacher: _____ Family Service Worker: _____

Assistant Teacher: _____ Team Leader: _____