

Mittineague Children's Center
1840 Westfield Street
West Springfield, MA 01089
413-733-5566
413-733-5282 (Fax)
mittkids@comcast.net

Individual Health Care Plan

Child's Name: _____ Date of Birth: _____

Chronic Medical Condition: _____

Allergies: _____

Symptoms: _____

Required Treatment:

- Follow these steps: 1. _____
2. _____
3. _____

Possible Side Effects from Treatment: _____

Possible consequences of failure to provide treatment: _____

Training required for staff: _____

Who will give the treatment: _____

-Parent/Guardian Signature: _____ Date: _____

-Director Signature: _____ Date: _____

-Health Care Consultant Signature: _____ Date: _____

-Physician Signature: _____ Date: _____