



Parts and Crafts - Summer 2017 Individual Health Plan

Only for students bringing PRESCRIPTION medication or need other specific treatment and care.

CONTACT DETAILS

Child's Name	Birth date	
Parent Name	Email	Phone

MEDICAL INFORMATION

Health Condition and Description of Symptoms	Medical treatment/medications necessary while at Parts and Crafts
Potential Side Effects	Potential consequences if treatment/medication not administered

MEDICATION 1

Generic & Brand Name of Medication	Dosage
Dates to be administered	Time to be administered

MEDICATION 2

Generic & Brand Name of Medication	Dosage
Dates to be administered	Time to be administered

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

Licensed Health Care Practitioner authorization: _____ Date: _____

Parental/Guardian Consent: _____ Date: _____