Alef-Bet Child Care, Inc.
8 Tremont Street
Cambridge, MA 02139
(617)547-3651 FAX (617) 576-6250

Child's Name

Class: BET Date _____

INDIVIDUALIZED HEALTH PLAN

Specific Health Factor:

Intervention or services plan:

Give Medical Attention if/when: Physical Symptoms for implementation of the IHP

Position of the Student during intervention (if applicable):

Child-specific techniques and helpful hints: (In case of an inhaler, include whether child uses the inhaler independently, or with the help of an adult; uses a spacer; or anything other helpful information)

Special considerations and precautions:

911 Should be Called If/When: {Protocol for administration of an Epi-pen is to call 911 and the parent/s.}

Completed by*: _____ _____ _____
Signature **Relationship to child** **Date**

Reviewed by*: _____ _____ _____
Signature **Relationship to child** **Date**

_____ _____ _____
Signature **Relationship to child** **Date**

_____ _____ _____
Signature **Relationship to child** **Date**

_____ _____ _____
Signature **Relationship to child** **Date**

***These signatures must include at least one parent and one teacher. It is recommended the form be completed or reviewed by the child's physician.**

See attached for Emergency Card Information