



KEATING OUT OF SCHOOL CARE

HEALTH AND CARE PLAN

Please list and describe the health concern for your child:

Please list the steps to take to manage the health concern:

1. _____
2. _____
3. _____
4. _____
5. _____

What medications (if any) and in what order do they need to be taken:

Please add any additional information:

Once completed, the Program Manager will review this form with you.

HEALTH AND CARE PLAN REVIEW DOCUMENTATION

After a discussion between KOSC and the child’s parent, the Health Plan will be documented below. Both parties must sign and date the documentation below. Any further changes made to the plan, and the manner in which the staff will assist, must be further documented and dated. The Health Plan must be reviewed annually by the parent.

Parent’s Signature	Date	Program Manager’s Signature	Date
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