TOWN OF HENRIETTA
PARKS AND RECREATION DEPARTMENT

HEALTH CARE PLAN
FOR CHILDREN WITH INDIVIDUALIZED HEALTH CONCERNS

It is important for staff to understand any health issues or concerns your child may have in order to help them feel comfortable and safe in our programs. Please use this form to indicate to staff important information we should know about your child in order to better serve them. This includes any physical, dietary, learning or emotional needs your child may have. Please be aware, our staff will keep this information confidential and only share it with our employees who work directly with your child.

Please note: The Town of Henrietta does not allow children to use medication in our programs except EpiPen's and inhalers for life-threatening medical conditions. If your child does use one of these medications, the Henrietta Recreation Department will require you to have a Doctor's Action Plan on site to allow the medication at the program. Please contact the Recreation Department for more information.

Child's Name:	Child's Date of Birth:
Date:	Recreation Program:
1.) Parent/Guardian Name: Contact Numbers: (Cell) _____ (Home) _____ (Work)_____	1.) Parent/Guardian Name: Contact Numbers: (Cell) _____ (Home) _____ (Work)_____
Child's Health Care Provider:	Child's Health Care Provider Contact Information:

Please describe your child's health concerns:

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Is there special instruction or additional training that staff will need in order to serve your child better:

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Please list below people that staff can contact in an emergency situation if parents cannot be reached:

Name/Relationship	**Contact Number**
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature: _____ Date: _____