



UFCC FORM

INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS SIGN OFF

All staff must review and sign for each child's plan.

**Umbrella Family
and Child Centres
of Hamilton**

SITE NAME: _____

I have read and understood the Individualized Medical Plan created specifically for _____
(CHILD'S NAME)
dated _____ and agree to abide by the terms and conditions as outlined in the procedure.
(DATE PLAN CREATED)

FULL PRINTED NAME	SIGNATURE	DATE	TRAINER SIGNATURE (if applicable)	DATE

Last Revision Approved:	January 16, 2019
Date of Next Review:	August, 2019