



UFCC FORM

INDIVIDUALIZED PLAN FOR A STAFF WITH MEDICAL NEEDS SIGN OFF

Umbrella Family
and Child Centres
of Hamilton

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

SITE NAME: _____

I have read and understood the Individualized Medical Plan created specifically for _____
(STAFF 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:	February 13, 2019
Date of Next Review:	August, 2019