



Health Care Plan for _____

Date _____

Information for caregiver or emergency contact

Name: _____ Phone: _____ Email: _____

Food Sensitivities and Solutions

Date	Health Need/Diagnosis	Goals	Action/Interventions	Evaluation/Observations

Additional Health History and Background from Caregivers:



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Date _____

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Name: _____ Phone: _____ Email: _____

Food Sensitivities and Solutions

Food/substance	Where it's found/what to avoid	Safe substitute	Reaction (physical or behavioral)	Remedy