



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Meriden-New Britain-Berlin
YMCA

Individual Health Plan (IHP)

Child's Name: _____ D.O.B.: _____

School: _____ Grade: _____

Concern/Medication: _____

Symptoms may be:

- _____
- _____
- _____

Action steps:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Additional information: _____

Medical Provider: _____ Phone Number: _____

Parent Name (Print): _____ Phone Number: _____

Parent Signature: _____