



## Special Health Needs Care Plan for Child Care

(Must be completed and signed by Health Care Provider)

Today's Date					Care Plan 6 month update due:	
Child's Name				Date of Birth		
Diagnosis					Emergency med required? Yes      No	
Allergies						
<b>Medications to be given at Child Care (Medication Permission form must also be completed)</b>						
Medication	Amount	Frequency	Route	Reason Prescribed	Possible Side Effects	Received
Medications to be given at Home						
<b>Accommodations Needed at Child Care</b>						
Diet/Feeding						
Sleeping/Nap						
Activities						
Outdoor Play/Field Trips						
Toileting/Diapering						
Transportation						
Other						
<b>Treatments Needed at Child Care</b>						

Special Health Needs Care Plan for Child Care  
Continued

<b>Emergency Care</b>	
Call Parent/Guardian for the Following Symptoms:	
Call <b>911</b> for the Following Symptoms (and Parent/Guardian):	
Care to be Given While Waiting for <b>911</b> or Parent/Guardian:	
<b>Equipment Needed by Child Care Staff</b>	
<b>Training Needed by Child Care Staff</b>	
<b>Health Care Provider Signatures</b>	
Primary Health Care Provider Name:	Phone
Signature:	
Specialty Health Care Provider Name:	Phone
Signature:	

<b>Additional Parent Notes</b>	
Parent/Guardian Name:	Phone
Signature:	

<b>Staff Review and Training</b>		
Name	Procedures Reviewed	Date
Director/Manager Review and Signature:		Date:
Health Consultant Review and Signature:		Date: