

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

-To be completed by a Health Care Provider-

| | | Today's Date | | |
|---|------------------------------------|--------------------------|-------------------|-----------------------|
| Child's Full Name | | Date of Birth | | |
| Parent's/Guardian's Name | | Telephone No. () | | |
| Primary Health Care Provider | | Telephone No. () | | |
| Specialty Provider | | Telephone No. () | | |
| Specialty Provider | | Telephone No. () | | |
| Diagnosis(es) | | | | |
| Allergies | | | | |
| ROUTINE CARE | | | | |
| Medication To Be Given at Child Care | Schedule/Dose (When and How Much?) | Route (How?) | Reason Prescribed | Possible Side Effects |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| List medications given at home: | | | | |
| | | | | |
| NEEDED ACCOMMODATION(S) | | | | |
| Describe any needed accommodation(s) the child needs in daily activities and why: | | | | |
| Diet or Feeding: _____ | | | | |
| Classroom Activities: _____ | | | | |
| Naptime/Sleeping: _____ | | | | |
| Toileting: _____ | | | | |
| Outdoor or Field Trips: _____ | | | | |
| Transportation: _____ | | | | |
| Other: _____ | | | | |
| Additional comments: _____ | | | | |
| _____ | | | | |

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS
Continued

SPECIAL EQUIPMENT / MEDICAL SUPPLIES

1. _____
2. _____
3. _____

EMERGENCY CARE

CALL PARENTS/GUARDIANS if the following symptoms are present:

CALL 911 (EMERGENCY MEDICAL SERVICES) if the following symptoms are present, as well as contacting the parents/guardians:

TAKE THESE MEASURES while waiting for parents or medical help to arrive:

SUGGESTED SPECIAL TRAINING FOR STAFF

Health Care Provider Signature

Date

PARENT NOTES (OPTIONAL)

I hereby give consent for my child's health care provider or specialist to communicate with my child's child care provider or school nurse to discuss any of the information contained in this care plan.

Parent/Guardian Signature

Date

Important: *In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.*