

APPENDIX O: 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.