

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

For Children Birth to Eight Years

(To be completed by child's 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		

PART A: MEDICATION

Name of medication to be given while attending school/program	Schedule/dose (When and how much?)	Route (e.g., by mouth, topically)	Reason medication is prescribed	Possible side effects

List medications given at home:

PART B: ACCOMMODATION *(Please describe any accommodations in activities the child requires and why.)*

Diet or feeding:

Program/classroom activities:

Naptime/sleeping:

Self-care/toileting:

Physical activity, outdoor, or field trips:

Transportation:

Other:

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PART C: SPECIAL EQUIPMENT/MEDICAL SUPPLIES

PART D: EMERGENCY CARE

CALL PARENT/GUARDIAN if the following symptoms are present:

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CALL 911 (EMERGENCY MEDICAL SERVICES) if the following symptoms are present (then call parent/guardian):

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TAKE THESE MEASURES while waiting for medical help or parent/guardian to arrive:

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PART E: SUGGESTED SPECIAL TRAINING FOR STAFF

Signature of health care provider:

Date:

PARENT NOTES (OPTIONAL)

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

Signature of parent/guardian:

Date:

IMPORTANT NOTE: Everyone involved in the care of your child should know about your child's special health needs and medications, and what to do in case of an emergency.