



Skin Care Plan

Prepared by the Health Consultant Team at Child Care Aware® of North Dakota

Name of child: _____ Date of Birth: _____ Age: _____

Parent(s) or guardian(s) name: _____

Emergency phone numbers: Mother: _____ Father: _____

(See emergency contact information for alternate contacts if parents are unavailable)

Primary health provider's name: _____ Phone: _____

Signature of Health Care Provider: _____

Medical Diagnosis: _____

Skin care while at child care Please fill out completely and print clearly

Name of Medication:			
Time and Dose:			
Route: (e.g. oral, topical etc.)			
Purpose: (e.g. rash, itch, infection, dry skin etc.)			
Where: (e.g. body, face, scalp etc.)			

Step 1: _____

Step 2: _____

Step 3: _____

Step 4: _____

Step 5: _____

Other pertinent information regarding care:

Use back side of this page for additional medication and/or care instructions.