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

<table>
<thead>
<tr>
<th>Name of Medication:</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Time and Dose:</td>
<td></td>
<td></td>
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<tr>
<td>Route: (e.g. oral, topical etc.)</td>
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<tr>
<td>Purpose: (e.g. rash, itch, infection, dry skin etc.)</td>
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<td></td>
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<tr>
<td>Where: (e.g. body, face, scalp etc.)</td>
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</tbody>
</table>

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.

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Child Care Aware® of North Dakota is a program of Lutheran Social Services of North Dakota.