PLACE PICTURE HERE

Special Health Care Plan

Full Name of Child	Birth Date	Child's Present Weight
Parent's/Guardian's Name (Please * first person to contact.)	Cell/Home/Work Phone #	Signature for Consent*
Emergency Contact Person (Name/Relationship)	Cell/Home/Work Phone #	* Consent for health care provider to communicate with my child's child care provider to discuss information relating to this care plan.
Primary Health Care Provider	Emergency Phone #	Authorization for Release of Information Form completed? ☐ N/A ☐ Yes ☐ No
Specialty Provider	Emergency Phone #	Emergency Information Form for Children with Special Needs completed? ☐ N/A ☐ Yes ☐ No
Specialty Provider	Emergency Phone #	Specialty Care Plan(s) completed? ☐ N/A ☐ Yes ☐ No
Allergies ☐ Yes ☐ No If Yes, please specify.		
Medical Conditions		

Needed Accommodations: (Please describe accommodation and why it is necessary.)

Diet/Feeding:

Toileting:

Classroom Activities:

Outdoor or Field trips:

Nap/Sleep:

Transportation:

Recommended Treatment

Medications to be given at child care? ☐ Yes ☐ No If yes, Medication Administration forms completed? ☐ Yes ☐ No
Specify medications on Medication Administration forms:

Medications given at home? ☐ Yes ☐ No If yes, please list in additional information section or attach info.

Special Equipment/Medical Supplies? ☐ Yes ☐ No If yes, please list in additional information section or attach info.

Special Staff Training Needs? ☐ Yes ☐ No If yes, please list in additional information section or attach info.

Special Emergency Procedures? ☐ Yes ☐ No If yes, please list in additional information section or attach info.

Other specialist working with this child? ☐ Yes ☐ No

Parent Signature Acknowledging Review of Above Information

Additional Information/Comments on Child, Family, or Medical Issues
Additional information attached? ☐ Yes ☐ No

Health Care Provider's Signature

Health Care Provider's Name Printed

Resources:
ECELS-Healthy Child Care PA; PA Chapter, American Academy of Pediatrics 9-2010
Form provided by Child Care Aware® of North Dakota Health & Safety Specialists