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**Special Health Care Plan**

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| --- | --- | --- | --- | --- | --- |
| 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

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