

**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 thiscare 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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