

Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

Child's Full Name	Today's Date
CONTACT INFORMATION	
Parent's/Guardian's Name	Telephone
Parent's/Guardian's Name	Telephone
Primary Health Care Provider	Telephone
Specialist (if applicable)	Telephone
Specialist (if applicable)	Telephone
CHILD'S SPECIAL NEEDS	
Diagnosis, if known:	
Known symptoms and triggers:	
Describe activity, behavioral, or environmental modifications that are needed for the child:	
Allergies (other than food allergy):	
For food allergies or special dietary needs due to a health condition - must obtain written instructions from child's health care provider (use page 3 of this form or health care provider's form)	
MEDICATIONS (Medication Authorization Form must be completed for each medication.)	
List medication to be given at scheduled times , and how medication is to be given.	
List medication to be given during an emergency , and how medication is to be given.	
Describe symptoms that would trigger emergency medication.	
EMERGENCY RESPONSE PLAN	
List the steps and procedures the early learning or school-age provider should perform during an emergency related to your child's special need.	

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FOOD ALLERGY and/or SPECIAL DIETARY REQUIREMENTS

This page must be completed and signed by the child's health care provider and parent or guardian.

Child's Full Name:		Today's Date:
Food the child must not consume (list each food separately)	Appropriate substitute food(s)	
Describe allergic reactions and symptoms associated with this child's particular allergies.		
Describe the treatment plan for the early learning or school-age provider to follow in response to child's allergic reaction (include names of medication, dosage amount, and directions for how to administer medication).		
Other special dietary requirements due to a health condition.		

Health Care Provider Signature

Date

Parent or Guardian Signature

Date