Care Plan for a Child With Special Needs in Child Care

Today's Date _____

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 □No □Yes If yes, please specify.

Medical/Behavioral Conditions

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

Diet/Feeding

Classroom Activities

Toileting

Outdoor or Field Trips

Nap/Sleep

Transportation

Recommended Treatment

Medications to be Given at Child Care Specify medications on Medication Administration Forms.	□No □Yes	If yes, Medication Administration Forms completed? □Yes □No
Medications Given at Home	□No □Yes	If yes, please list in additional information section or attach info.
Special Equipment/Medical Supplies	□No □Yes	If yes, please list in additional information section or attach info.
Special Staff Training Needs	□No □Yes	If yes, please list in additional information section or attach info.
Special Emergency Procedures	□No □Yes	If yes, please list in additional information section or attach info.
Other specialists working with this child	□No □Yes	

Parent Signature Acknowledging Review of Above Information

Additional Information/Comments on Child, Family, or Medical Issues

Additional Information Attached □No □Yes

Health Care Provider's Signature

Health Care Provider's Name Printed