

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

-To be completed by a Health Care Provider-

		Today's Date		
Child's Full Name		Date of Birth		
Parent's/Guardian's Name		Telephone No. ()		
Primary Health Care Provider		Telephone No. ()		
Specialty Provider		Telephone No. ()		
Diagnosis(es)				
Allergies				
ROUTINE CARE				
Medication To Be Given at School	Schedule/Dose (When and How Much?)	Route (How?)	Reason Prescribed	Possible Side Effects
List medications given at home:				
ACCOMMODATION(S)				
Describe any needed accommodation(s) the child needs in daily activities and why:				
Diet: _____				
Classroom Activities/Limitations: _____				
Outdoor or Field Trips: _____				
Transportation: _____				
Other: _____				
EMERGENCY CARE				
CALL PARENTS/GUARDIANS if the following symptoms are present:				
CALL 911 (EMERGENCY MEDICAL SERVICES) if the following symptoms are present, as well as contacting the parents/guardians:				
Health Care Provider Signature		Date		
Parent/Guardian Signature		Date		

Important: *In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.*