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.			

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

EMERGENCY RESPONSE PLAN		
List the steps and procedures the early learning provider should perform during an emergency related		
to your child's special need.		
SUGGESTED TRAINING FOR STAFF		
List suggested special skills training/education for	the early learning program staff	
List suggested special skins training/education for the early learning program start.		
SUPPORTING DOCUMENTATION		
	dividual Care Plan, including any existing individual	
educational plan (IEP), individual health plan (IHP)		
	provider to have supporting documentation of the child's	
special needs provided by the child's licensed or certifie	ed:	
(i) Physician or physician's assistant		
(ii) Mental health professional		
(iii) Educational professional(iv) Social worker with a bachelor's degree or higher with a specialization in the individual child's needs; or		
	-	
(v) Registered nurse or advanced registered nurse SIGNATURES		
SIGNATURES		
Devent en Cuerdien Signature		
Parent or Guardian Signature	Date	
Early Learning Provider Signature	Date	
Health Care Provider Signature	Date	
(recommended)		
. ,		
This section to be completed by child's parent or guardian	if annlicable:	
I hereby give permission for	to provide	
	ing health professional or specialist)	
services to my child at this early learning program.		
······································		
;		
Parent or Guardian Signature	Date	
NDIVIDUAL CARE PLAN FOR CHILD IN CHILD CARE		

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

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 D	oate:
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 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