Care Plan for Children with Special Needs

To be completed by health care provider in collaboration with families (2 pages)

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| **Contact information** | | | |
| Child's First Name | Child's Last Name | Child's Home Language | Child’s Birth Date |
| Parent Name(s) | Cell Phone | Work Phone | Home Phone |
| Primary Heath Care Provider | Phone | Health Specialist (if applicable) | Phone |
| Specialist (if applicable) | Phone | Specialist (if applicable) | Phone |
| **Specialized health needs** | | | |
| Relevant Diagnosis | | | |
| Allergies | | | |
| **Medication(s)**: list name(s) of prescribed medications related to diagnosis | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| **Special Equipment and/or Medical Supplies:** list equipment/supplies, purpose, frequency, or information on usage | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| **Emergency Care (Call parents if the following symptoms are present):** | | | |
| 1. | | | |
| 2. | | | |
| **Call 911 EMERGENCY MEDICAL SERVICES if the following symptoms are present, then call parents** | | | |
| 1. | | | |
| 2. | | | |
| **Take these measures while waiting for parent or medical help to arrive** | | | |
| 1. | | | |
| 2. | | | |

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| **Special Accommodations:** Describe accommodations and necessities to include diet/feeding, classroom activities, toileting, outdoor/field trips, English as a second language, and etcetera |
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| **Specialized training for Staff:** Describe training needed to provideStaff with necessary knowledge and skills | |
|  | |
| Health Care Provider Signature | Date |
| Parent Signature | Date |
| Program Director Signature | Date |
| Staff Signature | Date |
| Parent Notes (if desired) | |
| **Program Use Only: Date and type of training provided to relevant Staff** | |

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| **Consent to Communicate with Health Care Provider (Optional)**  I hereby give consent to my child’s health care provider or specialists listed below to communicate with Staff responsible for the care of my child (name of program) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to discuss any of the information contained in this care plan. | | |
| Name, address, and phone number of provider or specialist |  | |
| Name, address, and phone number of provider or specialist |  | |
| Name, address, and phone number of provider or specialist |  | |
| Parent Signature | | Date |