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  |