

Butler County Children's Center, Inc.
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)/Medical Conditions	
Allergies	

ROUTINE CARE

Medication To Be Given at Child Care	Schedule/Dose (When and How Much?)	Route (How?)	Reason Prescribed	Possible Side Effects

List Medications given at home:

NEEDED ACCOMMODATION(S)

Describe any needed accommodation(s) the child needs in daily activities and why:

Diet or Feeding: _____

Classroom Activities: _____

Naptime/Sleeping: _____

Toileting: _____

Outdoor or Field Trips: _____

Transportation: _____

Other: _____

Additional Comments: _____

Care Plan for Children with Special Health Needs
Continued

SPECIAL EQUIPMENT/MEDICAL SUPPLIES

1. _____
2. _____
3. _____

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:

TAKE THESE MEASURES while waiting for parents or medical help to arrive:

SUGGESTED SPECIAL TRAINING FOR STAFF

Health Care Provider Signature

Date

PLEASE ATTACH ANY OTHER PERTINENT MEDICAL INFORMATION