Child Matters Incorporated

**Exceptionalities Treatment Plan**

*(to be completed collaboratively with the Parent/Guardian and Centre Staff)*

***Child Information***

**Name of Child: DOB:**

**MCP: Expiry:**

***Contact Information***

**Name of Parent/Guardian:**

**Best telephone number to reach you at:**

**Address:**

**Email:**

**Family Physician: Telephone:**

**Other Emergency Contact Name:**

**Relationship: Telephone:**

**Notify the parent/guardian or other emergency contact in the following situations:**

**List Child’s Exceptionalities:**

**List Child’s Daily Care Needs:**

**List of Child’s Medications and or Treatments:**

**Additional Programming Requirements for the Child with Exceptionalities:**

**List Names and Contact numbers of other Professionals Involved:**

**Name of Parent/Guardian Date**

**Signature of Parent/Guardian**

**Name of Centre Staff Date**

**Signature of Centre Staff**