



Individual Plan of Care for a Child with Special Health Care Needs or Disabilities

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____

Phone _____

Special Health Needs or Disability: _____

Plan for appropriate care of the child in a medical or other emergency. An individual plan of care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the child care program.

Actions to be taken in order: Administration of Medication forms are required for all medication including Epi-Pen.

1. _____
2. _____
3. _____
4. _____
5. _____

Additional Instruction:

Signature of Parent/Guardian: _____ Date: ___/___/___

Name of Physician: _____ Phone Number: _____

Please complete, print and have signed and returned.

