

10:122-7.3 Health and immunization requirements for children
CARE PLAN FOR CHILDREN WITH SPECIAL NEEDS

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. ()
Specialty Provider					Telephone No. ()
Diagnosis(es)					
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

PARENT NOTES (OPTIONAL)	
<i>I hereby give consent for my child's health care provider or specialist to communicate with my child's child care provider or school nurse to discuss any of the information contained in this care plan.</i>	
Parent/Guardian Signature	Date

Important: *In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.*

10:122-7.5 Administration and control of prescription and non-prescription medicines and health care procedures
 May be used to record permission for administration of medication to children

PERMISSION TO GIVE MEDICATION IN CHILD CARE

(Please use one form per medication.)

The following information is to be completed by the child's health care provider:

Child's name: _____ Birthdate: _____ Weight: _____
 Medication: _____ Allergies: _____
Include food and/or medication allergies
 Dosage: _____ Route: _____
 Time of day medication is to be given: _____
 Purpose of medication: _____
 Special instructions: _____
 Possible side effects: _____
 Start date: _____ End date _____

Signature of Health Care Provider

Phone number

Date

.....
The following is to be completed by the parent or guardian:

I hereby give permission for my child, _____,
 to receive the above medication, according to the listed directions and cautions, from the Child Care Director, or the
 Child Care Director designee. I confirm that I have given at least one dose of the medication without any evidence
 of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original
 container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to
 give the accurate dose of the medicine. I authorize the Director or Director Designee to contact the pharmacist or
 health care provider for more information about this drug, if necessary. I also authorize the Director or the Director's
 Designee to contact the health care provider regarding my child's health, if necessary.

I usually do the following to make giving medication to my child easier: _____

Amount of medication brought to Child Care: _____

Date: _____

Signature of Parent or Guardian

Date & amount of medication returned to Parent: _____

Signature of Director/Director Designee

Signature of Parent/Guardian

Source: Medication Administration in Child Care, Healthy Child Care New Jersey