

Special Care Plan

Facility Name: _____

Facility Address: _____

Child's Name: _____

Date of Birth: _____

Times & Days in Child Care: _____

1. Describe the child's special need during group care:

2. Child's present functional level and skills:

3. What emergency or unusual episode might arise while the child is in care? How should the situation be handled?

(Prepare and maintain information on the "Emergency Form for Children with Special Needs" available from the American Academy of Pediatrics, www.aap.org)

4. Accommodation which the facility must provided for this child:

A) Are there particular instructions for sleeping, toileting, diapering, or feeding?

B) Will the child require medication while in care? If so, attach the physician's instructions for use of the child's medication.

C) Are special emergency and/or medical procedures required? If so, what procedures are required? _____

D) What special training, if any, must staff have to provide that care?

E) Are special materials/equipment needed?

5. Other specialists working with the child (e.g., occupational therapist, physical therapist):

Primary Case Manager: _____ Phone: _____
(Usually the doctor in charge)

Address: _____

On-site childcare facility
case manager: _____ Phone: _____

Authorization for Release of Information

I, _____ give permission for
(parent or legal guardian)

(professional/facility)

to release to _____ the following information
(child care program)

(screenings, tests, diagnoses and treatment, or recommendations)

The information will be used solely to plan and coordinate the care of my child and will
be kept confidential and may only be shared with _____

(staff title/name)

Name of Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Parent/Legal Guardian Signature

Date

Witness Signature

Date

Staff member to be contacted for additional information