

# Individual Child Care Plan



Child's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

### **Note to Parents:**

Missouri state licensing rules for childcare facilities require that an individualized care plan be on file for children who may have special health care needs which may necessitate specialized care for childcare staff. This plan must be completed by a physician or professionally qualified individual.

<b>It is requested that you have the following information completed by:</b>	
_____ for _____	
(M.D., Therapist, etc.)	(Child)
<b>Regarding:</b>	

The following information is to be completed by a physician or professionally qualified individual:	
1.) This child has been diagnosed as having the following health condition:	
2.) Is medication required for this condition:                      YES                      NO	
A) Name of Medication: _____	
B) Dosage: _____	
C) Does medication need to be administered by childcare staff: _____	
D) Could the child have a negative reaction to medication: _____	
If so, what action should be taken by the childcare staff:	

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3.) This child (may/may not) participate in regular activities at the center  
Comments or restrictions:

4.) Does this child's health condition require any specialized by the staff:

5.) In case of medical emergency due to the child's special health condition  
childcare should do the following:

6.) Please provide any other information which will help the center provide  
childcare for the child:

Signature of Physician: \_\_\_\_\_

Clinic/Group Practice: \_\_\_\_\_

Address of Office: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Completion: \_\_\_\_\_