Catherine's COTTAGE DAYCARE

Care Plan

Special Health Care Needs

Child's Name:	Birth Date:

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 parents/guardians:

_____

_____

_____

Take these measure while waiting for parents/guardians or medical help to arrive:

_____

_____

_____

SUGGESTED SPECIAL TRAINING FOR STAFF

_____

_____

_____

Health Care Provider Signature:	Date:

PARENT NOTES (OPTIONAL)

_____

_____

_____

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.

Parent/Guardian Signature:	Date: