

Special Care Plan



Student Name:

Program/School:	DOB:	Address:	
Description of Condition:		<i>Is condition diagnosed?</i>	YES NO
Medications:			
Is emergency medication needed?			
Are there any behavioral concerns?			
Authorization for Prescription and Non-Prescription Medications by Child Care Personnel <u>must</u> be completed for <u>any</u> medications that need to be given while in childcare.			

Care Plan

To help the YWCA provide quality care to your child, please describe how his or her condition affects the following:	
Diet/Nutrition	
Communication/Language	
Motor Skills	
Social/Emotional	
Transitions	
Health/Safety	

Emergency Plan

Signs/Signals of an Emergency	
Step 1	
Step 2	
Step 3	

Parent/Guardian Signature _____ **Date** _____

Physician Signature _____ **Date** _____

Nurse Consultant Signature _____ **Date** _____

Head Teacher Signature _____ **Date** _____

Assistant Teacher Signature _____ **Date** _____

Assistant Teacher Signature _____ **Date** _____

Assistant Teacher Signature _____ **Date** _____

Assistant Teacher Signature _____ **Date** _____

Assistant Teacher Signature _____ **Date** _____