

## Child Medical Action Plan

If a child has health care needs that require specialized health services, the child's health care professional or parent must complete a medical action plan and attach it to the child's application. This plan must be updated both annually and anytime there are changes to the child's health status or treatment plan. It is recommended that parents do not complete or change the plan without guidance from the child's health care professional.

The medical action plan must be attached to the application, included in the facility Ready to Go File, and accessible to the staff caring for the child.

**Children with asthma, diabetes, seizures, or allergies should have medical action plans specific to those conditions.**

Name of person completing form:		Today's date:
Child's full name:		Date of birth:
Parent/guardian's name:		Phone:
Primary health care professional:		Phone:
Specialist/therapist:	Type:	Phone:
Specialist/therapist:	Type:	Phone:
Diagnosis(es):		
Allergies (food, medication, environmental, insects, or other):		

### Medication(s)

Complete a **Medication Administration Permission Form** if medications listed below are to be provided by the child care. Complete page 4 if a child has more than two medications.

Medication name:		<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:		
Special instructions:	Side effects:	Reason prescribed:		
Medication name:		<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:		
Special instructions:	Side effects:	Reason prescribed:		

**Accommodation(s)**

Describe any accommodation(s) the child needs in daily activities and why.

Diet or Feeding:
Classroom Activities:
Naptime/Sleeping:
Toileting:
Outdoors or Field Trips:
Transportation:
Other/Comments:

**Child Medical Action Plan**

**Equipment/Medical Supplies**

1.
2.
3.
4.

**Emergency Care**

Call parents/guardians if the following symptoms are present:
Call 911 (emergency medical services) if the following symptoms are present, and contact the parents/guardians:
Take these measures while waiting for parents or medical help to arrive:

**Suggested Special Training for Staff**

--

If completed by a healthcare professional:

HealthCare Professional Signature:	Date:
------------------------------------	-------

**Parent notes**

--

Parent/Guardian Signature:	Date:
----------------------------	-------

## Child Medical Action Plan

Medication name:	<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:	
Special instructions:	Side effects:	Reason prescribed:	

Medication name:	<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:	
Special instructions:	Side effects:	Reason prescribed:	

Medication name:	<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:	
Special instructions:	Side effects:	Reason prescribed:	

Medication name:	<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:	
Special instructions:	Side effects:	Reason prescribed:	

Medication name:		<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:		
Special instructions:	Side effects:	Reason prescribed:		

Medication name:		<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:		
Special instructions:	Side effects:	Reason prescribed:		