

## HEALTH CARE PLAN DOCUMENTATION & PERMISSION TO ADMINISTER MEDICATION FOR EARLY CARE AND EDUCATION PROGRAMS

**Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance and update annually and as needed when a child has a special chronic health condition that may require the program to perform a medical procedure or administer medication. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.**

### HEALTH CARE PLAN DOCUMENTATION

Child's Name	Date of Birth
<b>If the child does not have a special chronic health condition or diagnosis check here: <input type="checkbox"/></b> <b>Skip to page 2 to give permission to administer medication/medical food.</b>	
Complete a new form or provide separate documentation for each condition that requires different actions to be taken.  <input type="checkbox"/> <b>Check here if additional information/documentation is attached from a licensed dentist, licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN).</b> This documentation may serve as a substitute for page 1.	
<b>Special Chronic Health Condition</b>  What are the signs, symptoms, or situations which require staff to take action, perform a medical procedure and/or administer medication or medical food?	
What are the activities, foods, conditions, etc. to avoid? <input type="checkbox"/> Not Applicable	
What are the instructions to care for the child or perform a medical procedure?	
If the child's health condition does not improve or side effects to medication appear, trained staff will do one or more of the following:  <input type="checkbox"/> Call 9-1-1 <input type="checkbox"/> Call Parent <input type="checkbox"/> Other:	
Additional Information and/or what is needed if the child care program must be evacuated:	
<b>If the special health condition does not require administering medication/medical food: STOP HERE AND SKIP TO PAGE 3</b>  Page 1 is completed to provide instructions for performing a medical procedure.	



**SIGNATURE PAGE**

Child's Name

**PARENT/GUARDIAN**

By signing this form I attest that: (check all that apply)

- I have provided information for care or implementing a medical procedure
- I have trained staff and have given permission to perform the procedure
- I have trained staff and have given permission to administer medication to my child

Parent Signature

Date of Signature

**LICENSED PHYSICIAN, PHYSICIAN ASSISTANT, ADVANCED PRACTICE REGISTERED NURSE, LICENSED DENTIST**

Health Care Professional's signature is only required in this box if their instructions have been provided on this form, prescribed medication does not have a prescription label, or as directed by the manufacturer's instructions.

Physician Signature

Date of Signature

**CERTIFIED PROFESSIONAL TRAINER**

**(A signature from a Certified Professional Trainer is not required if the parent/guardian has provided instructions for care, training, or administering medication)**

If a Certified Professional Trainer provided instructions, my signature indicates that:

- I have provided instructions for care and/or training for the medical procedure.
- I have provided instructions for administering medication.

Certified Professionals Name (please print)

Phone Number

Certified Professionals Signature

Date of Signature

**PROGRAM STAFF**

Signatures of all individuals who have received instructions for care, have been trained in performing the procedure for this child and/or administering medication. Additional names and signatures can be attached on a separate sheet.

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

