



# Middle River Baptist Church Child Development Center

## Care Plan for Specific Needs

Child's Name		Today's Date			
Please check portions of form completed: <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> Part C <input type="checkbox"/> Part D		Date of Birth			
Parent/Guardian #1		Phone			
Parent/Guardian #2		Phone			
Primary Health Care Provider		Phone			
Specialty Provider		Phone			
Specialty Provider		Phone			
Diagnosis	Allergies	Does your child have an IEP or an IFSP? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>PART A - MEDICATIONS</b>					
Medication to be given at MRBCCDC	Med Form Y or N	Schedule/Dose	Method (How is it given?)	Reason Prescribed	Possible Side Effects
List medications given at home					
<b>PART B - NECESSARY ACCODOMATION(S)</b>					
List any accommodation(s) your child needs in daily activities and why (Use another sheet of paper if necessary.):					
Diet or feeding: <u>Please complete a Food Information form</u>					
Classroom Activities: _____					
Nap/Sleeping: _____					
Toileting: _____					
Outdoor or Field Trips: _____					
Transportation: _____					
Other: _____					
Additional Needs or Comments _____					
_____					
_____					



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### PART C - EQUIPMENT/MEDICAL SUPPLIES

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### PART D - EMERGENCY CARE

**CALL PARENTS/GUARDIANS** if the following symptoms are present:

\_\_\_\_\_

\_\_\_\_\_

**CALL 911 AND PARENTS/GUARDIANS** if the following symptoms are present:

\_\_\_\_\_

\_\_\_\_\_

**TAKE THESE MEASURES** while waiting for parents or medical help to arrive:

\_\_\_\_\_

\_\_\_\_\_

### SUGGESTED TRAINING FOR STAFF RELATED TO YOUR CHILD'S NEEDS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ADDITIONAL COMMENTS FROM PARENT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*It is a requirement of this center that you update your child's Care Plan every six months if your child is 18 months to three years of age; and, once each year of your child is over three years of age. This plan will guide the center in instruction and in meeting your child's needs. Caring for your child is a priority; however, if caring for your child endangers the care of other children, you may be asked to provide assistance or to find other care arrangements.*

*I hereby give permission for Middle River Baptist Church Child Development Center to communicate with my child's health care provider or specialist any information contained in this care plan.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date