Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

Child's Full Name	Today's Date	
CONTACT INFORMATION		
Parent's/Guardian's Name	Telephone	
Parent's/Guardian's Name	Telephone	
Primary Health Care Provider	Telephone	
Specialist (if applicable)	Telephone	
Specialist (if applicable)	Telephone	
CHILD'S SPECIAL NEEDS		
Diagnosis, if known:		
Known symptoms and triggers:		
Describe activity, behavioral, or environmental modifications that are needed for the child:		
Describe activity, behavioral, or environmental mounications that are need	jeu for the tima.	
Allergies (other than food allergy):		
For food allergies or special dietary needs due to a health condition - must obtain written instructions from child's health care provider (use page 3 of this form or health care provider's form)		
MEDICATIONS (Medication Authorization Form must be completed for each medication.)		
List medication to be given at scheduled times , and how medication is to be given.		
List medication to be given during an emergency , and how medication is to be given.		
Describe symptoms that would trigger emergency medication.		

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EMERGENCY RESPONSE PLAN		
List the steps and procedures the early learning provider should perform during an emergency related		
to your child's special need.		
to you. office of special freed.		
CHECOTOTE TRAINING FOR CTAFF		
SUGGESTED TRAINING FOR STAFF		
List suggested special skills training/education for the early learning program staff.		
SUPPORTING DOCUMENTATION		
Please attach supporting documentation to this Individual Care Plan, including any existing individual		
educational plan (IEP), individual health plan (IHP), 504 plan, or individualized family service plan		
(IFSP). WAC 110-300-0300 requires an early learning provider to have supporting documentation of the child's		
special needs provided by the child's licensed or certified:		
(i) Physician or physician's assistant		
(ii) Mental health professional		
(iii) Educational professional		
	r with a specialization in the individual child's needs; or	
(v) Registered nurse or advanced registered nurse practitioner.		
SIGNATURES		
Parent or Guardian Signature	Date	
Early Learning Provider Signature	Date	
Health Care Provider Signature	Date	
(recommended)	Dute	
(recommended)		
This section to be completed by child's parent or guardian, if applicable:		
I hereby give permission for to provide to provide to provide		
services to my child at this early learning program.		
Services to my child at this early learning program.		
Parent or Guardian Signature	Date	

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FOOD ALLERGY and/or SPECIAL DIETARY REQUIREMENTS

This page must be completed and signed by the child's health care provider and parent or guardian.

Child's Full Name:	Today's Date:
Food the child must not consume (list each food separately)	Appropriate substitute food(s)
Describe allergic reactions and symptoms associat	ed with this child's particular allergies.
Describe the treatment plan for the early learning reaction (include names of medication, dosage an medication).	
Other special dietary requirements due to a health condition.	
Health Care Provider Signature	Date
Parent or Guardian Signature	 Date