



*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:

Diagnosis(es):

Allergies (food, medication, environmental, insects, or other):

Medication(s):

Medication name:		
Daily Med taken at home ____	Daily Med taken at child care ____	Emergency Medication ____
Dosage:	Time/frequency:	Route:
Special instructions:		
Side effects:		
Reason prescribed:		

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

**Complete a Medication Administration Permission Form if medications listed below are to be provided by the She Cares Daycare. Use the bottom half of page 2 if child has more than two medications.*

Accommodations (describe any accommodation(s) the child needs in daily activities and why)

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:

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:

Additional Parent notes:

Parent/Guardian Signature

Date