



Child Medical Action Plan

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 three if 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 health care professional:

Health Care Professional Signature:

Date:

Parent notes

Parent/Guardian Signature:

Date:



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