



CHILD MEDICAL ACTION PLAN

If a child has health care needs that require specialized health services, the child's health care provider or parent must complete a medical action plan and attach it to the child's application. This plan must be updated both annually and anytime there are changes to the child's health status or treatment plan. It is recommended that parents do not complete or change the plan without guidance from the child's health care provider.

The medical action plan must be attached to the application, included in the facility Ready to Go File, and accessible to the staff caring for the child.

⚠ Children with asthma, diabetes, seizures, or allergies should have medical action plans specific to those conditions.

CHILD'S INFORMATION

Name of Person Completing this Form: _____ Today's Date: _____

Child's Full Name: _____ Child's Date of Birth: _____

Parent/Guardian's Name: _____ Phone: _____

Primary Care Provider's Name: _____ Phone: _____

Specialist/Therapist's Name: _____ Type: _____ Phone: _____

Specialist/Therapist's Name: _____ Type: _____ Phone: _____

💓 Diagnosis(es): _____

🚑 Allergies (food, medication, environmental, insects, etc): _____

MEDICATION

Complete a **Medication Administration Permission Form** if medications listed below are to be provided by the child care. Complete page 3 if child has more than two medications.

💊 **Medication Name:** _____ **Dosage:** _____

Route: _____ Frequency: _____ Taken: ☐ at Child Care ☐ at Home ☐ Emergency

Reason Prescribed: _____ Special Instructions: _____

Side Effects: _____

💊 **Medication Name:** _____ **Dosage:** _____

Route: _____ Frequency: _____ Taken: ☐ at Child Care ☐ at Home ☐ Emergency

Reason Prescribed: _____ Special Instructions: _____

Side Effects: _____

ACCOMMODATIONS

Describe any accommodation(s) the child needs in daily activities and why.

Dietary/Feeding Restrictions: _____

Classroom Activities: _____

Nap Time/Sleep: _____

Toileting: _____

Outdoors/Field Trips: _____


Transportation: _____


Other/Comments: _____


EQUIPMENT/MEDICAL SUPPLIES _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____

EMERGENCY CARE _____

 **Call parents/guardian** if the following symptoms are present: _____

 **Call 911/EMS** and parents/guardian if the following symptoms are present: _____

 **Take these measures** while waiting for parents and/or medical help to arrive: _____

SUGGESTED SPECIAL TRAINING FOR STAFF _____

PARENT NOTES _____

Parent/Guardian Authorization Signature

Date

If completed by a physician:


PHYSICIAN NOTES _____


Physician/ PCP Authorization Signature


Date


MEDICATION (CONTINUED)


Complete a **Medication Administration Permission** Form if medications listed below are to be provided by the child care.


 **Medication Name:** _____ **Dosage:** _____
Route: _____ **Frequency:** _____ **Taken:** ☐ at Child Care ☐ at Home ☐ Emergency
Reason Prescribed: _____ **Special Instructions:** _____
Side Effects: _____


 **Medication Name:** _____ **Dosage:** _____
Route: _____ **Frequency:** _____ **Taken:** ☐ at Child Care ☐ at Home ☐ Emergency
Reason Prescribed: _____ **Special Instructions:** _____
Side Effects: _____


 **Medication Name:** _____ **Dosage:** _____
Route: _____ **Frequency:** _____ **Taken:** ☐ at Child Care ☐ at Home ☐ Emergency
Reason Prescribed: _____ **Special Instructions:** _____
Side Effects: _____

 **Medication Name:** _____ **Dosage:** _____
Route: _____ **Frequency:** _____ **Taken:** ☐ at Child Care ☐ at Home ☐ Emergency
Reason Prescribed: _____ **Special Instructions:** _____
Side Effects: _____

 **Medication Name:** _____ **Dosage:** _____
Route: _____ **Frequency:** _____ **Taken:** ☐ at Child Care ☐ at Home ☐ Emergency
Reason Prescribed: _____ **Special Instructions:** _____
Side Effects: _____

 **Medication Name:** _____ **Dosage:** _____
Route: _____ **Frequency:** _____ **Taken:** ☐ at Child Care ☐ at Home ☐ Emergency
Reason Prescribed: _____ **Special Instructions:** _____
Side Effects: _____

 **Medication Name:** _____ **Dosage:** _____
Route: _____ **Frequency:** _____ **Taken:** ☐ at Child Care ☐ at Home ☐ Emergency
Reason Prescribed: _____ **Special Instructions:** _____
Side Effects: _____

 **Medication Name:** _____ **Dosage:** _____
Route: _____ **Frequency:** _____ **Taken:** ☐ at Child Care ☐ at Home ☐ Emergency
Reason Prescribed: _____ **Special Instructions:** _____
Side Effects: _____