



Child Individual Care Plan YMCA OF GREATER HARTFORD

Child's Name _____ Date of Care Plan _____ to _____

Child's Date of Birth _____ Program Site (AM) _____ Program Site (PM) _____

Special Health / Behavioral Concerns

If necessary, please specify on the line provided.

Yes No

- Allergies (food, medication, insects, environmental, etc.) _____
- Asthma _____
- Vision/Hearing/ Speech (glasses, ear tubes, etc.) _____
- Chronic Illness _____
- Diabetes _____
- Seizures _____
- Dietary Needs _____
- Developmental Variations _____
- Emotional/Behavioral _____
- History of Contagious Disease _____
- Other _____

Symptoms / Medication / Process of Care

For each " Yes " answer listed above, please provide the following information.

#1 Health Concern: _____

Symptoms: _____

On-Site Medication: Yes No _____

Steps of Care: _____

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

Additional Information: _____

Child Individual Care Plan

#2 Health Concern: _____

Symptoms: _____

On-Site Medication: Yes No _____

Steps of Care: _____

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

Additional Information: _____

#3 Health Concern: _____

Symptoms: _____

On-Site Medication: Yes No _____

Steps of Care: _____

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

Additional Information: _____

Physician's Signature: _____ Phone: _____

Parent/ Guardian Signature: _____ Date: _____

Renewal Dates: ____ / ____ / ____ - ____ / ____ / ____ Parent Initial: _____

Renewal Dates: ____ / ____ / ____ - ____ / ____ / ____ Parent Initial: _____

**** For Administrative Use Only ****

Child Care Staff Signature: _____	Date: _____
Child Care Staff Signature: _____	Date: _____
Child Care Staff Signature: _____	Date: _____
Child Care Staff Signature: _____	Date: _____
Child Care Staff Signature: _____	Date: _____
Child Care Staff Signature: _____	Date: _____
Child Care Staff Signature: _____	Date: _____
Nurse Consultant Signature: _____	Date: _____