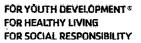


Southington-Cheshire Community YMCA Child Care Individual Care Plan

Child's Name			Date of Care Plan		
Child's Date of Birth		Program Site (AM)	Program Site (PN	1)	
<u>Sp</u> e	cial Health / Behavioral C	oncerns			
If n	ecessary, please specify on	the line provided.			
Yes	No				
	Allergies (food, med	ication, insects, environmental, etc.)		
		eech (glasses, ear tubes, etc.)			
	Chronic Illness				
	Diabetes				
	Seizures				
	Dietary Needs				
	Developmental Varia	tions			
	Emotional / Behavior	al			
	History of Contagiou	s Disease			
	Other				
_					
Sym	ptoms / Medication / Pro	cess of Care			
For e	each " Yes " answer listed ab	ove, please provide the following in	formation.		
#1	Health Concern:				
	On-Site Medication: Y	es No	nformation.		
	Steps of Care :				
	1				
	2				
	3				
	4				
	Additional Information:				

Continued on reverse side.





#2	Health Concern:						
	On-Site Medication	: Yes	No				
	Steps of Care:						
	1						
	2						
	3						
	4						
	Additional Informati	on:					
#3	Health Concern:						
	Steps of Care :						
	1						
	2						
	3						
	4						
	Additional Informati	on:					
Name	e of Health Care Pro	vider:				Phone :	·
Parer	nt / Guardian Signa	ture:				Date :	
Renev	wal Dates:/_	/		/_	/	Parent Initial:	
Renev	wal Dates:/_				/	Parent Initial:	
			** F(or Admir	nistrative	Use Only **	
Child Care Staff Signature:					Date :	·	
Child Care Staff Signature :				-		Date :	
Child Care Staff Signature :						Date :	
Child C	Care Staff Signature:					Date :	
Child C	Care Staff Signature :					Date :	
Nurse	Consultant Review : _					Date :	