

INDIVIDUALIZED CARE PLAN

To be completed by M.D., Therapist, Nurse, etc.

(For all new students with special health care needs and all returning students with changes in special health care needs in the last 12 months.)

Note to parent: Missouri State Rules regulating licensed and license-exempt schools and child care centers require that an Individualized Care Plan be on file for children who may have special health care needs. This plan gives the school staff information on the condition and how to respond in an emergency and about any limitations that the child may have. Examples of conditions are ADD, ADHD, asthma, diabetes, severe allergies, heart issues, birth defects, etc. The information shared is confidential and is only shared with staff directly caring for your child or emergency medical personnel. ***This plan must be completed by a physician or another professionally qualified individual such as a nurse or therapist.***

_____ has been diagnosed as having the following health condition:
(child's name)

Is medication required for this condition? NO ____ YES ____

If yes, please complete the following:

Name of medication _____

Dosage _____

Does medication need to be administered while at school? NO ____ YES ____

Could the child have a negative reaction to the medicine? NO ____ YES ____

If yes, please explain and what action should the school staff take.

Can the child participate in regular school activities? NO ____ YES ____

Please explain:

Does the child's health condition require any specialized care by the school staff?

NO ____ YES ____

Please explain:

In the case of a medical emergency due to the child's health condition, the school staff should do the following:

Signature of M.D., therapist, nurse, etc.

Affiliation with group practice or clinic

Address

Telephone number

Date