



Special Care Plan

This form must be completed by a physician and returned to CAHS prior to a child participating in the classroom

Child's Name: _____ Date of Birth: _____

Child's Center/Classroom: _____

Child's Special Need: _____

1. Describe the child's special need during group care: _____

2. Child's present functional level and skills: _____

3. What emergency or unusual episode might arise while the child is in care? How should the situation be handled? _____

4. Accommodation which the center must provide for this child: _____

a) Are there particular instructions for sleeping, toileting, diapering, or feeding? _____

b) Will the child require medication while in care? **If so, attach the physician's instructions for use of the child's medication.** _____

c) Are special training emergency and/or medical procedures required? If so, what procedures are required? _____

d) What special training, if any, must staff have to provide the care? _____

e) Are special materials/equipment needed? _____

5. Other specialists working with this child (e.g., occupational therapist, physical therapist): _____

Physician's Name _____ Signature: _____

Phone _____ Date: _____

Address: _____



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