

Mercy Child Development Center & Preschool
Care Plan For Child With Special Health Or Developmental Need

Child's Name:	DOB:
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Diagnosis/Allergens

Needed Accommodations
Describe any needed accommodations needed in daily activities. (Diet or feeding, classroom activities, sleeping, toileting, outdoor or fieldtrips, other...)

Emergency Plan
Symptoms May Include But Are Not Limited To The following:
Treatment Should Be Initiated: <input type="checkbox"/> with symptoms <input type="checkbox"/> without symptoms
Emergency Treatment/Procedure:

Additional Information

By checking the box and typing your name in the signature field, you are stating that the information you've provided herein is true and correct to the best of your knowledge.

Parent/Guardian Signature:	Date:
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This plan is in effect for the current year as needed.