

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INDIVIDUAL HEALTH CARE PLAN  
FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS**

You may use this form or an approved equivalent to document an individual health care plan developed for a child with special health care needs.

***A child with a special health care need means a child who has a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and who requires health and related services of a type or amount beyond that required by children generally.***

Working in collaboration with the child's parent and child's health care provider, the program has developed the following health care plan to meet the individual needs of:

Child Name:	Child date of birth:
Name of the child's health care provider:	<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner

Describe the special health care needs of this child and the plan of care as identified by the parent and the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment.

DIAGNOSIS: ALLERGY TO:	1/2019
SYMPTOMS:	
MOUTH- Itching, tingling metallic taste, swelling of lips, tongue, mouth.	
SKIN- Itchy rash, hives, swelling lips, eyes, face or extremities.	
ABDOMEN- Nausea, cramping, vomiting, diarrhea.	
THROAT- Hoarseness, hacking cough, tightening and/or swelling of throat.	
LUNGS- Shortness of breath, repetitive coughing, tightening and/or swelling of throat.	
HEART- Weak pulse, low blood pressure, fainting, paleness, or blueness of lips or fingernail beds.	
OTHER:	
TREATMENT: 1) Avoid known allergens 2) At first sign of symptoms, administer medication(s) if ordered and contact parent. Encourage child to remain calm, rest and take slow breaths	
3) For a more severe allergic reaction, administer Epinephrine Auto Injector (or Brand Name), if ordered	
4) At the first sign of severe allergic reaction, call 911 to notify them of an emergency	
5) A staff member must accompany the child in ambulance, if family member has not arrived.	
6) If Epinephrine Auto Injector (or Brand name) has been administered, medication canister must accompany the child to the hospital.	

**Identify the caregiver(s) who will provide care to this child with special health care needs:**

Caregiver's Name	Credentials or Professional License Information (if applicable)
	CPR, First Aid and Medication Administration Training (MAT)

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Describe any additional training, procedures or competencies the caregiver identified will need to carry out the health care plan for the child with special health care needs as identified by the child's parent and/or the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.

Most staff is trained in CPR and First Aid, and some staff are trained to give medication (MAT)

This plan was developed in close collaboration with the child's parent and the child's health care provider. The caregivers identified to provide all treatments and administer medication to the child listed in the specialized individual health care plan are familiar with the child care regulations and have received any additional training needed and have demonstrated competency to administer such treatment and medication in accordance with the plan identified.

Program Name:	License/Registration Number:	Program Telephone Number:
Child care provider's name (please print):		Date:
Child care provider's signature: <b>X</b>		

**Signature of Parent:**

<b>X</b>	Date:
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