

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.

SCHOOL DISTRICT: 3/19	SITE:
DIAGNOSIS: ALLERGY TO:	
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: ****AVOID KNOWN ALLERGENS*****	
1) IF THERE ARE NO MEDICATIONS (SCOPE Form A utilized) AT THE PROGRAM, call 911 IMMEDIATELY at first sign of symptoms, then call parent. Remain with child and encourage child to be calm, rest and take slow deep breaths.	
2) IF MEDICATIONS ARE AT THE PROGRAM, administer medications. Remain with child and encourage child to be calm, rest and take slow deep breaths. If no improvements in 5-10 minutes after administering medication, seek emergency care by calling 911, then notify parent.	
a) CALL 911 IMMEDIATELY IF EPINEPHRINE AUTO INJECTOR IS ADMINISTERED	
b) If 911 is called, a staff member must accompany the child to the hospital if no family member is present. The used Epinephrine Auto Injector 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)

