

Four Seasons Daycare

Special Health Care Needs Form

The child below has a special health care need. The following information will assist the center in caring for this child and outlines Four Seasons' protocol in accommodating those special needs based on the recommendations of the child's parents/guardians, and the child's physician. This information will be shared with Emergency Medical Personnel and/or the K, G. School System as needed.

Child's Name: _____ **Date of Birth:** _____

Diagnosed Condition: _____

Effective Date of Plan: _____

Child's Medical History of Condition:

If the child displays any of the following symptoms, Four Seasons will administer the suggested responses listed below.

Symptoms:

Specific Protocol Treating Physician recommends Four Seasons Daycare follow:

Treatment Protocol (if applicable)

Medication Name	Dosage	Times to Administer	Special Instructions

Parent and physician must also complete a long-term medication form for each medication in treatment protocol.

Parent's Signature: _____ **Date:** _____

Physician's Signature: _____ **Date:** _____

This action plan will be in effect for one year or until the treatment protocol changes, whichever occurs first. It is the responsibility of the child's parents/guardians to notify Four Seasons of any changes to the child's treatment and to update this plan as needed.