# **Child Medical Action Plan**

10A NCAC 09 .0801(b) [Centers] and .1721(a)(4) [Family Child Care Homes]

If a child has health care needs that require specialized health services, the child's parent or a health care professional should complete a medical action plan and attach it to the child's application. The plan must be updated annually and stored in the child's file and facility's Ready to Go File. A copy should be kept in the classroom.

## Children with asthma, diabetes, seizes, or allergies should have medical action plans specific to those conditions.

Name of person completing form:		Today's date:		
Child's full name:		Date of birth:		
Parent's/guardian's name:		Phone:		
Primary health care professional:		Phone:		
Specialist/therapist:	Туре:	Phone:		
Specialist/therapist:	Туре:	Phone:		
Diagnosis(es):	i	i		
Allergies (food, medication, enviro	onmental, insects, or other):			

### Medication(s)

Complete a **Medication Administration Permission Form** if medications listed below are to be provided by the child care. Complete page three if child has more than two medications.

Medication name:		Daily medicati		Daily medication	Emergency
		taken at child care		taken at home	medication
Dosage:	Time/frequency:		Rou	te:	
Special instructions:	Side effects:		Reason prescribed:		
Medication name:		Daily medication taken at child care		Daily medication taken at home	Emergency medication
Dosage:	Time/frequency:		Route:		
Special instructions:	Side effects:		Rea	son prescribed:	

## Accommodation(s)

Describe any accommodation(s) the child needs in daily activities and why.	
Diet or Feeding:	
Classroom Activities:	
Naptime/Sleeping:	
Toileting:	
Outdoors or Field Trips:	
Transportation:	
Other/Comments:	



Health and Safety Resource Center

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## **Equipment/Medical Supplies**

1.		
2.		
3.		
4.		

## **Emergency Care**

Call parents/guardians if the following symptoms are present:

Call 911 (emergency medical services) if the following symptoms are present, and contact the parents/guardians:

Take these measures while waiting for parents or medical help to arrive:

## **Suggested Special Training for Staff**

### If completed by a health care professional:

Health Care Professional Signature:

Date:

#### Parent notes

Parent/Guardian Signature:

Date:



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Medication name:		Daily medication		Daily medication	Emergency	
Deserve Time /frequency		taken at child ca	are Rou	taken at home	medication	
Dosage:	Time/frequency:		ROL	ite.		
Special instructions:	Side effects:		Rea	son prescribed:		
Medication name:		□ Daily medication		Daily medication	Emergency	
		taken at child care		taken at home	medication	
Dosage:	Time/frequency:		Route:			
Special instructions:	Side effects:		кеа	son prescribed:		
Medication name:		Daily medicat taken at abild as		Daily medication taken at home	Emergency	
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Dosage:	Time/frequency:		Route:			
Special instructions:	Side effects:		Reason prescribed:			
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Special instructions:	Side effects:		Reason prescribed:			
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Medication name:		Daily medication taken at child care		Daily medication taken at home	Emergency medication	
Dosage:	Time/frequency:			Route:		
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Special instructions:	Side effects:		Reason prescribed:			
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	Time/frequency: Side effects:		are Rou	taken at home		
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