TCDN Special Care Plan Form

Full Name of Child: Birth date:
Allergies: □ No □ Yes *(if yes, please specify allergy and attach medical documentation from physician)*
Medical/behavioral concerns:
Needed Accommodations *(Please describe accommodations and why it is necessary)*
Medications to be Given at Child Care ***(including Epi-Pen)*** : □ No □ Yes *(if yes, please specify medications and complete Medication Administration form for each medication)*
Medications to be Given at Home: □ No □ Yes *(if yes, please list medications)*
Special Equipment/Medical Supplies: □ No □ Yes *(if yes, please specify)*
Special Staff Training Needs: □ No □ Yes *(if yes, please specify)*
Special Emergency Procedures: □ No □ Yes *(if yes, please specify)*
Outside support staff Working With This Child: □ No □ Yes *(if yes, please list and indicate roles)*
Additional Information/Comments on Child, Family, or Medical Issues
Parent/Legal Gaurdian Signature Date