Special Care Plan

Head Start Facility____

Child's name______________________________Date of birth______

Times and days in Head Start Center______________________

1. Describe the child's special need or care_______ ____________________

____

2. What emergency or unusual episode might arise while the child is in care? How should the episode be handled?

____

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3. Accommodations which the facility must provide for the child.

____

4. Doctor's orders or instructions for emergency care__________________________

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5. Special emergency and/or medical procedures required. ____________________

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6. Special training required for staff____

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Please attach documentation from doctor

Parent signature___________________________________Date___________

Staff signature____________________________________Date___________

All Head Start staff involved must sign form (use back if necessary) Each month has to be signed by Parent/Guardian and Family Advocate/Site Manager. (See the back)

Staff

____________________________ ______________________________

____________________________ ______________________________

____________________________ ______________________________

September _______________________ ___________________________ _____________

Parent **Staff** **Date**

October _______________________ ___________________________ _____________

Parent **Staff** **Date**

November _______________________ ___________________________ _____________

Parent **Staff** **Date**

December _______________________ ___________________________ _____________

Parent **Staff** **Date**

January _______________________ ___________________________ _____________

Parent **Staff** **Date**

February _______________________ ___________________________ _____________

Parent **Staff** **Date**

March _______________________ ___________________________ _____________

Parent **Staff** **Date**

April _______________________ ___________________________ _____________

Parent **Staff** **Date**

May _______________________ ___________________________ _____________

Parent **Staff** **Date**