

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?

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

4. Doctor's orders or instructions for emergency care _____

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

6. Special training required for staff _____

Please attach documentation from doctor

Parent signature _____ Date _____

Staff signature _____ Date _____

All Head Start staff involved must sign form (use back if necessary)