



TCDN Special Care Plan Form

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