Ohio Department of Job and Family Services CHILD MEDICAL/PHYSICAL CARE PLAN FOR CHILD CARE

Child's Name		Date of Birth		
Special Health Conditions				
Symptoms to watch for and emergency action to be taken if the following symptoms occur				
Activities/foods/environmental conditions to avoid, if applicable				
Medical procedures to be followed and expected benefit of treatment, if applicable				
Are any medications required? If yes, what medications?				
In an emergency does this child require additional assistance (more than other children of the same age or in the same group) to evacuate?				
In the event that the child care program must be evacuated, are there medications or supplies that must be taken with this child? Yes No				
Training Instructions (Trainer must be a parent or certified professional)				
Signature of Trainer E		Date		
Signature of trained providers, substitutes or child care staff members who have been made aware of the condition.				
	always be a trained caregiver present when the child is present) Date		I have been	
		I have been	Trained	
Signature Da	te	I have been	I have been Trained	
Signature Da	te	I have been	I have been Trained	
Signature Da	te	I have been	I have been	
(Only trained providers, substitutes or child care staff members shall be permitted to perform medical procedures listed above.)				
Additional services (educational/therapeutic) child is receiving				
Who provides the above services?				
-				
Name	Phone Number		May we contact?	
Name	Phone Number	Phone Number		
	1		1	

I give my permission for the staff listed above to perform the procedures in my child's Medical/Physical Care Plan.

Parent Signature	Date
Administrator/Provider Signature	Date

<u>Note</u>: A separate plan must be written for each condition that requires different actions to be taken