## 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?				
In an emergency does this child require additional assistance (more than other children of the same age or in the same group) to evacuate?  Yes No				
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		Date	Date	
Signature of trained providers, substitutes or child care staff members who have been made aware of the condition.  (There must always be a trained caregiver present when the child is present)				
Signature	Date	I have been	I have been  Trained	
Signature	Date	I have been	I have been  Trained	
Signature	Date	I have been	I have been  Trained	
Signature I	Date	I have been	I have been Trained	
(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	Phone Number		
Name	Phone Number	Phone Number		
I give my permission for the staff listed above to perform the procedures in my child's Medical/Physical Care Plan.				
Parent Signature		Date	Date	
Administrator/Provider Signature		Date	Date	

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