

**Special Health Care Needs**

Date: \_\_\_\_\_

Dear Parent/Guardian,

According to the New York State Office of Children and Family Services Health and Infection Control Regulations, your child, \_\_\_\_\_, has been identified as a child with special health care needs.

In order to comply with the Health and Infection Control Regulations, you must submit:

1. Individual Health Care Plan For A Child With Special Health Care Needs Form or specific individual plan related to the identified special health care need, such as:
  - Food Allergy & Anaphylaxis Emergency Care Plan
  - Asthma Action Plan
  - Seizure Plan
  - Diabetes Management Plan
  
2. Written Medication Consent Form for each medication that may be required as stated on your child's medical statement. If you feel your child does not need medication while in care, you will need submit a note from your child's health care provider stating that your child may attend child care and that no medication is needed. The note must be dated, signed, and stamped by your child's health care provider.

Unfortunately, if we do not receive this information by \_\_\_\_\_, your child will not be able to continue to attend our program.

Thank you for your attention regarding this matter and for supporting us to ensure the health and safety of your child while attending our program.

**My signature below indicates that I have read and understand the information that I must submit.**

Parent's Name (please print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child Care Program's Name (please print): \_\_\_\_\_

Child Care Program Director's Name (please print): \_\_\_\_\_

Child Care Program Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_







Date of Plan:        /        /

**THE FOLLOWING STEPS WILL BE TAKEN IF THE CHILD EXHIBITS SYMPTOMS including, but not limited to:**

- **Inject epinephrine immediately and note the time when the first dose is given.**
- **Call 911/local rescue squad** (Advise 911 the child is in anaphylaxis and may need epinephrine when emergency responders arrive).
- Lay the person flat, raise legs, and keep warm. If breathing is difficult or the child is vomiting, allow them to sit up or lie on their side.
- If symptoms do not improve, or symptoms return, an additional dose of epinephrine can be given in consultation with 911/emergency medical technicians.
- Alert the child's parents/guardians and emergency contacts.
- After the needs of the child and all others in care have been met, immediately notify the office.

**MEDICATION/DOSES**

- Epinephrine brand or generic:
- Epinephrine dose:  0.1 mg IM     0.15 mg IM     0.3 mg IM

**ADMINISTRATION AND SAFETY INFORMATION FOR EPINEPHRINE AUTO-INJECTORS**

When administering an epinephrine auto-injector follow these guidelines:

- Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than the mid-outer thigh. If a staff member is accidentally injected, they should seek medical attention at the nearest emergency room.
- If administering an auto-injector to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- Epinephrine can be injected through clothing if needed.
- Call 911 immediately after injection.

**STORAGE OF EPINEPHRINE AUTO-INJECTORS**

- All medication will be kept in its original labeled container.
- Medication must be kept in a clean area that is inaccessible to children.
- All staff must have an awareness of where the child's medication is stored.
- Note any medications, such as epinephrine auto-injectors, that may be stored in a different area.
- Explain here where medication will be stored:

**MAT/EMAT CERTIFIED PROGRAMS ONLY**

Only staff listed in the program's Health Care Plan as medication administrant(s) can administer the following medications. Staff must be at least 18 years old and have first aid and CPR certificates that cover all ages of children in care.

- Antihistamine brand or generic:
- Antihistamine dose:
- Other (e.g., inhaler-bronchodilator if wheezing):

**\*Note: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**STORAGE OF INHALERS, ANTIHISTAMINES, BRONCHODILATOR**

All medication will be kept in its original labeled container. Medication must be kept in a clean area that is inaccessible to children. All staff must have an awareness of where the child's medication is stored. Explain where medication will be stored. Note any medications, such as asthma inhalers, that may be stored in a different area.

Explain here:



**STRATEGIES TO REDUCE THE RISK OF EXPOSURE TO ALLERGIC TRIGGERS**

The following strategies will be taken by the child care program to minimize the risk of exposure to any allergens while the above-named child is in care (add additional sheets if needed):

Document plan here:

- Food Allergies will be posted in a discreet location visible to staff involved in the care of child.
- Food Allergies will be reviewed routinely with all staff involved with the care of the child.
- Prevent exposure to foods in which the child is allergic.
  - Always read food labels.
  - Children & Staff must wash hands with soap and water before and after eating.

Child will be supervised while eating and will not be allowed to share food.

**EMERGENCY CONTACTS – CALL 911**

Ambulance: (     ) -	
Child's Health Care Provider:	Phone #: (     ) -
Parent/Guardian:	Phone #: (     ) -

**CHILD'S EMERGENCY CONTACTS**

Name/Relationship:	Phone#: (     ) -
Name/Relationship:	Phone#: (     ) -
Name/Relationship:	Phone#: (     ) -

Parent/Guardian Authorization Signature:	Date:     /     /
Physician/HCP Authorization Signature:	Date:     /     /
Program Authorization Signature:	Date:     /     /