

ST. THERESE EARLY EDUCATION CENTER

2012-2013 Special Health Needs Form

For children with special health care needs (i.e. asthma, hearing or vision impairments, neuromuscular conditions, seizures, diabetes) or special nutritional needs (i.e. food allergies) please provide a copy of the child's individual care plan from your health care provider.

Date _____

Child's Name _____

Date of Birth _____ Teacher _____

Special Health Need _____

Name of Physician _____ Phone _____

Possible symptoms related to this special health need _____

Describe emergency procedures to be taken _____

Medication _____ Dosage _____ Time/when to administer _____

Medication _____ Dosage _____ Time/when to administer _____

Medication _____ Dosage _____ Time/when to administer _____

The health records of your child are kept confidential in the Early Education Center files. However, important information (i.e. allergies and specific special health needs) are shared with those staff who are involved with your child during their attendance in our program (teachers, administrative staff, as applicable). Parents are asked to indicate below their agreement of this policy.

____ I authorize any member of the staff assigned responsibility for the care and education of my child to have access to my child's health records as deemed appropriate.

Parent/Guardian Signature

Date

Administrator Signature

Date