

Statement of Healthcare Needs

Child's Name: _____

Date of Birth: _____

This child is under my care and has the following special healthcare needs (mark none if applicable):

Diagnoses : _____

- Adaptive Equipment (I.E. eyeglasses, hearing aids, orthotics, walker, etc.)
 - She/he needs to use the following while in childcare: _____
- Epilepsy/Seizure Disorder (Attach a Seizure Plan, including when to call 9-1-1 and if there is a medication to be given in the event of a prolonged seizure.)
- Asthma (Attach an Asthma Action Plan)
 - She/he needs the following medication during the school day:

- Severe Food Allergies (Attach a Food Allergy Safety Plan)
 - She/he is allergic to: _____
- Food Intolerances (Ex: Gluten, Casein, etc.)
 - She/he is intolerant of: _____
- Severe Environmental Allergies (Attach an Allergy Safety Plan)
 - She/he is allergic to: _____
- Feeding Concerns:
 - Feeding Tube
 - Receiving Feeding Therapy
 - Aspiration Risk (attach report from latest swallow study)
- Elopement Risk: Child requires very close supervision
- Developmental Delay; Please specify: _____

- Other (Specify): _____
- None

This child has been seen in my office within the past 12 months and may participate in a group childcare setting.

Healthcare Provider's Signature and Date

Parent/Guardian Signature and Date

Healthcare Provider's Printed Name:
Clinic Address:
Phone Number:
Fax Number: