



FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Southington-Cheshire Community YMCA Child Care Individual Care Plan**

Child's Name \_\_\_\_\_ Date of Care Plan \_\_\_\_\_ to \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Program Site (AM) \_\_\_\_\_ Program Site (PM) \_\_\_\_\_

**Special Health / Behavioral Concerns**

*If necessary, please specify on the line provided.*

Yes No

Allergies (food, medication, insects, environmental, etc.) \_\_\_\_\_

Asthma \_\_\_\_\_

Vision / Hearing / Speech (glasses, ear tubes, etc.) \_\_\_\_\_

Chronic Illness \_\_\_\_\_

Diabetes \_\_\_\_\_

Seizures \_\_\_\_\_

Dietary Needs \_\_\_\_\_

Developmental Variations \_\_\_\_\_

Emotional / Behavioral \_\_\_\_\_

History of Contagious Disease \_\_\_\_\_

Other \_\_\_\_\_

**Symptoms / Medication / Process of Care**

*For each " Yes " answer listed above, please provide the following information.*

#1 Health Concern : \_\_\_\_\_

Symptoms : \_\_\_\_\_

On-Site Medication : Yes No \_\_\_\_\_

Steps of Care : \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Additional Information : \_\_\_\_\_

*Continued on reverse side.*



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#2 Health Concern : \_\_\_\_\_  
Symptoms : \_\_\_\_\_  
On-Site Medication : Yes No \_\_\_\_\_  
Steps of Care : \_\_\_\_\_  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
Additional Information : \_\_\_\_\_

#3 Health Concern : \_\_\_\_\_  
Symptoms : \_\_\_\_\_  
On-Site Medication :  Yes  No \_\_\_\_\_  
Steps of Care : \_\_\_\_\_  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
Additional Information : \_\_\_\_\_

**Name of Health Care Provider:** \_\_\_\_\_ **Phone :** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Renewal Dates:** \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ **Parent Initial:** \_\_\_\_\_

**Renewal Dates:** \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ **Parent Initial:** \_\_\_\_\_

**\*\* For Administrative Use Only \*\***

Child Care Staff Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Child Care Staff Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Child Care Staff Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Child Care Staff Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Child Care Staff Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Nurse Consultant Review : \_\_\_\_\_ Date : \_\_\_\_\_