

**MEDICAL ALERT CARE PLAN**

CHILD'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**Describe the potential medical problem:**

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**Precautions to take at the facility:**

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**Symptoms to watch for:**

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**Step By Step Plan Staff Need to follow When Child Shows Symptoms:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**At what point should an ambulance be called to take your child to the hospital:**

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**Are there any medications that may need to be administered while your child is in our program:**

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**Parent/Guardian Signature** \_\_\_\_\_