

MEDICAL ALERT CARE PLAN



CHILD'S NAME: _____

DATE: _____

Describe the potential medical problem:

Precautions to take at the facility:

Symptoms to watch for:

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:

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

Parent/Guardian Signature _____