



KIDS R KIDS – THE ACADEMY AT BLAKENEY

PRIVATE PRESCHOOL / KINDERGARTEN / ELEMENTARY SCHOOL ENRICHMENT

CHILD MEDICAL / PHYSICAL CARE PLAN

Child's Name _____

Date of Birth _____

Special health conditions:

Symptoms to look for and emergency action to be taken if the following symptoms occur:

Activities/food/environmental conditions to avoid:

Medical procedures to be followed and expected benefit of treatment:

Medication(s) required? Yes No If yes, please complete Medication Authorization Form and list medications to be administered _____

Signature of Trained & Informed Kids R Kids Staff: (Trained Staff are authorized to perform medical procedures listed above.)

Signature _____ Date _____ Staff Informed Staff Trained

Signature _____ Date _____ Staff Informed Staff Trained

Signature _____ Date _____ Staff Informed Staff Trained

Signature _____ Date _____ Staff Informed Staff Trained

Signature _____ Date _____ Staff Informed Staff Trained

Any additional services (educational/speech/occupational/therapeutic) your child is receiving? Yes No If yes, list below

Service _____ Provider _____ Phone # _____ May we contact? Yes No

Service _____ Provider _____ Phone # _____ May we contact? Yes No

Service _____ Provider _____ Phone # _____ May we contact? Yes No

I give my permission for the staff listed above to perform the procedures in my child's Medical / Physical Care Plan.

Signature of Parent _____ Date _____

Signature of Administrator _____ Date _____