

Kids deserve the best.

Care plan**Date last updated:** _____

(This plan can be given to your home or school nurse, day care provider, babysitter, etc)

Child's name: _____ Birth date: _____

Allergies: _____**Brief medical history** (main problems and treatments.): _____

Diet and nutrition (include likes and dislikes): _____

Activities of daily living (Physical activity, bathing, self care, naps other general care, etc.):

Likes & dislikes: _____

What family does to encourage independence and decision making skills of patient:

Precautions and things to avoid: _____

Tips and other important things to know: _____

General Information About Your Child

How does your child communicate?

What makes your child happy?

What makes your child sad or scared?

How do you comfort your child?

Are there any routines or plans that are helpful for your child? Please describe (or attach the written plan to this page).

Does your child have any nap/toileting/ or other daily routines?
