Ohio Department of Job and Family Services

CHILD MEDICAL/PHYSICAL CARE PLAN FOR CHILD CARE

Child's Name	Date of Birth

Special Health Conditions

Allergy to: Needs Benedryl and Avi-Q

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

If any of the above items are ingested and child is showing signs of respiratory distress, swelling in neck/throat/face, hives or vomits more than one time, Give ____Benedryl. If still showing signs, administer Avi-Q. Pull Avi-Q from outer case, Listen and follow voice instructions. 1. Pull red safety guard down & off 2. Place black end against outer thigh. Push firmly and hold for 2 seconds. Call 911

Activities/foods/environmental conditions to avoid, if applicable

Medical procedures to be followed and expected benefit of treatment, if applicable

If any of the above items are ingested and child is showing signs of respiratory distress, swelling in neck/throat/face, hives or vomits more than one time, Give ____Benedryl. If still showing signs, administer Avi-Q.

Are any medications required? ☒ Yes ☐ No *(If yes, complete JFS 01217 "Request for Administration of Medication")*

If yes, what medications? Benedryl and Avi-Q

In an emergency does this child require additional assistance (more than other children of the same age or in the same group) to evacuate?

☐ Yes ☐ No

In the event that the child care program must be evacuated, are there medications or supplies that must be taken with this child?

☐ Yes ☐ No

Training Instructions *(Trainer must be a parent or certified professional)*

Pull Avi-Q from outer case, Listen and follow voice instructions. 1. Pull red safety guard down & off 2. Place black end against outer thigh. Push firmly and hold for 2 seconds.

Signature of Trainer	Date

Signature of trained providers, substitutes or child care staff members who have been made aware of the condition.
(There must always be a trained caregiver present when the child is present)

Signature	Date	I have been ☐ Informed	I have been ☐ Trained

(Only trained providers, substitutes or child care staff members shall be permitted to perform medical procedures listed above.)

Additional services (educational/therapeutic) child is receiving

Who provides the above services?

Name	Phone Number	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.

Parent Signature	Date
Administrator/Provider Signature	Date

JFS 01236 (Rev. 12/2016)

Note: A separate plan must be written for each condition that requires different actions to be taken