

# CARE PLAN

<b>Care plan for:</b>		<b>Birth Date:</b>	
<b>Copy with:</b>	<input type="checkbox"/> Medical form <input type="checkbox"/> SCIB (if applicable)		<b>Today's Date:</b>
<b>A care plan is in place due to:</b>			
<input type="checkbox"/> Dietary considerations <input type="checkbox"/> Behavioral considerations <input type="checkbox"/> Physical considerations <input type="checkbox"/> Other: _____			
<b>Diagnosis (if applicable):</b>			
<b>Overall health:</b>			
<b>Allergies:</b> (use anaphylaxis emergency plan if applicable)			
<b>Current medication:</b> (use medication administration form if applicable)			
<b>Dietary considerations and special instructions:</b>			
<b>Equipment/assistive technology:</b> (e.g. braces, walker, communication device)			
<b>Health care professionals in my life:</b> (contact info may be helpful)			
<b>Strengths (things that are easy for me):</b>			
<b>Challenges (e.g. communication, eating, toileting, mobility, social, behaviour, etc):</b>			

<b>Other things to know (e.g. triggers):</b>			
<b>Ways to be helpful/appropriate interventions (e.g. cues, favourite objects):</b>			
<b>When to call for additional help:</b>			
<b>What to do if additional help is needed (e.g. unable to calm down):</b>			
<b>Next steps/goals:</b>			
<b>Who will do this?</b>		<b>By when?</b>	
<b>This plan will be evaluated in the following ways:</b>			
<ol style="list-style-type: none"> <li>1. According to section 58(2)(b) of the Child Care Licensing Regulation this care plan must be reviewed at least once each year with a parent of the child requiring extra support, and any other person requested by the parent.</li> <li>2. Other:</li> </ol>			
<b>Signature of parent:</b>		<b>Date:</b>	
<b>Signature of Licensee:</b>		<b>Date:</b>	

**Submit Form**