

# Learning Lamb Early Development Center Child Medical Action Plan

10A NCAC 09 .0801(b) [Centers] and .1721(a)(4) [Family Child Care Homes]

If a child has health care needs that require specialized health services, the child's parent or a health care professional should complete a medical action plan and attach it to the child's application. The plan must be updated annually and stored in the child's file and facility's Ready to Go File. A copy should be kept in the classroom.

**Children with asthma, diabetes, seizures, or allergies should have medical action plans specific to those conditions.**

Name of person completing form:		Today's date:
Child's full name:		Date of birth:
Parent's/guardian's name:		Phone:
Primary health care professional:		Phone:
Specialist/therapist:	Type:	Phone:
Specialist/therapist:	Type:	Phone:
Diagnosis(es):		
Allergies (food, medication, environmental, insects, or other):		

### Medication(s)

Complete a **Medication Administration Permission Form** if medications listed below are to be provided by the child care.

Complete page three if child has more than two medications.

Medication name:		<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:		
Special instructions:	Side effects:	Reason prescribed:		

Medication name:		<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:		
Special instructions:	Side effects:	Reason prescribed:		

### Accommodation(s)

Describe any accommodation(s) the child needs in daily activities and why.

Diet or Feeding:
Classroom Activities:
Naptime/Sleeping:
Toileting:
Outdoors or Field Trips:
Transportation:
Other/Comments:

**Learning Lamb Early Development Center  
Child Medical Action Plan**

**Equipment/Medical Supplies**

1.
2.
3.
4.

**Emergency Care**

Call parents/guardians if the following symptoms are present:
Call 911 (emergency medical services) if the following symptoms are present, and contact the parents/guardians:
Take these measures while waiting for parents or medical help to arrive:

**Suggested Special Training for Staff**

--

If completed by a health care professional:

Health Care Professional Signature:	Date:
-------------------------------------	-------

**Parent notes**

--

Parent/Guardian Signature:	Date:
----------------------------	-------

## Learning Lamb Early Development Center Child Medical Action Plan

Medication name:		<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:		
Special instructions:	Side effects:	Reason prescribed:		

Medication name:		<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:		
Special instructions:	Side effects:	Reason prescribed:		

Medication name:		<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:		
Special instructions:	Side effects:	Reason prescribed:		

Medication name:		<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:		
Special instructions:	Side effects:	Reason prescribed:		

Medication name:		<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:		
Special instructions:	Side effects:	Reason prescribed:		

Medication name:		<input type="checkbox"/> Daily medication taken at child care	<input type="checkbox"/> Daily medication taken at home	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:		
Special instructions:	Side effects:	Reason prescribed:		