



Surreybrook Preschool & Child Development Center, L.L.C
 234 Amity Road Bethany, CT 06524
 203-393-2445

Individual Care Plan/Developmental Health History

Child's Name _____ Birth Date _____

Nickname _____

Physical Health:

1. What health problems has your child had in the past?

<input type="checkbox"/> Allergies <input type="checkbox"/> Special dietary needs <input type="checkbox"/> Dental problems <input type="checkbox"/> History of contagious disease	<input type="checkbox"/> Hearing/visual impairment <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Developmental variation <input type="checkbox"/> Other _____
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2. What health problems does your child have now?

<input type="checkbox"/> Allergies <input type="checkbox"/> Special dietary needs <input type="checkbox"/> Dental problems <input type="checkbox"/> History of contagious disease	<input type="checkbox"/> Hearing/visual impairment <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Developmental variation <input type="checkbox"/> Other _____
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*If you answered **yes** to any of the above in question 2 please have you health care provider complete the following:

If you answered **no to any of the above in question 2 please put N/A for the following:

INDIVIDUAL PLAN OF CARE FOR CHILD WITH SPECIAL HEALTH CARE NEEDS OR DISABILITIES:

(ATTACH ADDITIONAL SHEET IF NECESSARY)

APPROPRIATE CARE OF CHILD IN THE EVENT OF A MEDICAL OR OTHER EMERGENCY

(If medication is to be administered, an authorization form for the administration of medication must be completed and submitted with this individual plan of care. This form can be found in your registration packet, obtained in our office or on our website at www.surreybrookpreschool.com):

(ATTACH ADDITIONAL SHEET IF NECESSARY)

***Parent and Physician please sign here if yes was answered on page 1.**

Physician's
signature _____ Date _____

I hereby request that the above plan of care, authorized by my child's medical provider, be implemented by the nurse, director or other supervisor, or teacher of Surreybrook Preschool and Child Development Center, L.L. C., I certify that this individual plan of care has been followed without adverse effect.

Parent's
signature _____ Date _____

I certify that I have received the above individual plan of care from the parent listed above, have reviewed this plan with the staff responsible for the care of this child.

Provider's
signature _____ Date: _____

****If answered N/A on page 1 please sign here:**

I certify that I have received the above individual plan of care from Surreybrook Preschool and Child Development Center, L.L.C. and will update in the case that my child develops any allergies, health problems or special needs.

Parent's
signature _____ Date _____

We have reviewed and acknowledge understanding of above care plan.

Nurse's
signature _____ Date _____

Teacher's signature _____ Date _____

Teacher's signature _____ Date _____

Teacher's signature _____ Date _____

Teacher's signature _____ Date _____

Teacher's signature _____ Date _____

Teacher's signature _____ Date _____