



# Plan of Care for \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

AYS Program: \_\_\_\_\_ School Year: \_\_\_\_\_

Please list the name and phone number of the physician your child sees for their need below:

\_\_\_\_\_  
Name (please print) Physician's Phone Number

Does your child take medications for the prevention or treatment of their need?  YES\*  NO

If your child participated in an outside activity or field trips would they be required to take any medications with them for the treatment or prevention of their identified need?  YES\*  NO

(\*If you answered yes to either of the above questions please list the medications your child takes for prevention/ treatment of their need below)

Name of Medication(s)	Dosage	Time(s) of Day Given

Would any of the above medication(s) need to be given during normal program hours?  YES  NO

Would any of the above medication(s) need to be given during extended program hours?  YES  NO

If you answered yes to either question, please be aware that an AYS Medication Consent form will need to be completed by your child's doctor and provided to AYS.

Have you provided an AYS Medication Consent form to AYS staff?  YES  NO

### Control of the Child Care Environment

Please list any ideas/suggestions that would help the AYS staff to care for and communicate with your child.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any special procedures required of an adult regarding your child's care, i.e. assistance with dressing, eating, toileting, or other procedures?  YES\*  NO *\*If yes, please list and describe* \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you use special equipment with your child?  YES\*  NO *\*If yes, please list and describe* \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



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## Social/Family

All children have difficulty in peer interactions at times, could you please describe the types of difficulties your child experiences and please offer ideas/suggestions on how the AYS staff might help your child through these times. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information that relates to your child's behavior, that would be helpful in the care of your child, i.e. recent change in marital status, living situation, job change/loss, death of a loved one, or other items?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Therapies

If your child receives any types of therapy, i.e. psychological, reading, speech, or other, please describe when therapy began and how often therapy is given. Are there goals or techniques used in therapy that the AYS staff would find helpful in caring for your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any other special instructions for the care of your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Review of above information and signatures for the \_\_\_\_\_ school year in AYS.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
AYS Program Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Review of above information and signatures for the \_\_\_\_\_ school year in AYS.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
AYS Program Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date