



THE CHILDREN'S TREE  
MONTESSORI SCHOOL

childrenstree.org

96 Essex Rd • Old Saybrook, CT 06475

860.388.3536

## Individual Plan of Care

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

Special health care, need or disability: \_\_\_\_\_

Allergy: \_\_\_\_\_ Asthma: \_\_\_\_\_  
please list all known allergies check

Other: \_\_\_\_\_

An individual plan of care is necessary when a child has a health care need or disability which may require special care to be taken, or provided while the child is at the school. This form can be filled out in conjunction with your child's health care provider and should include step by step instructions for your child's care in the event of an emergency.

Other relevant information:

Parent's Signature

Date

Parent's Signature

Date

Note: Section 19a-79-5a(a)(2)(E) requires a child's Health Record to include information regarding disabilities or special health care needs, such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Section 19a-79-4a(h)(2)(H)(viii) requires that the health consultant shall assist in the review of individual care plans as needed.

Please use the reverse side of this form for signature(s) of all staff responsible for the care of this child.

Signatures of all staff responsible for \_\_\_\_\_(name of child)

Printed Name

Signature

Date Signed

[illegible]