

Child's Name _____
DOB _____



EdAdvance BASES
860-567-0863 x1167
355 Goshen Road, Litchfield, CT 06790

BASES Student Care Plan

Individualized Plan of Care for a Child with Special Health Care Needs or Disabilities

* Staff must refer to Medication Administration forms or complete dosing and administration instructions*

ANAPHYLAXIS ALLERGY

Peanuts	Tree Nuts	Bees	Other _____
	Ingestion Only		Contact or Ingestion

This allergen will not be accessible at the program

If exposure or insect sting is witnessed or suspected caregiver:

Please refer to the attached care plan and medform provided by Physician

- _____ Administer Adrenalin (injectable medication) BEFORE symptoms occur
- _____ Administer Adrenalin (injectable medication) IF symptoms occur
- _____ Administer Benadryl dose
- _____ Administer Adrenalin (injectable medication) _____ FOR
- _____ Call 911 Transport to Emergency Room if symptoms occur and/or adrenalin is administered

Relevant side effects to be observe, if any

Other Health Concerns:	Yes	No
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Diagnosis: Relevant Information (symptoms, triggers, etc)	Current Medications:	
Plan:		No plan needed

Medications Not Administered at the Program:

Medication	Medication Dose	Medication Dosage Schedule
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dear Parent/Guardian: Please assure that the steps above have been reviewed with you by EdAdvance BASES staff and that it is consistent with your wishes for care of your child while at he/she is attending the EdAdvance BASES Program and is in agreement with instructions from your child's health care provider. Please note any additional instructions in the section provided.

Parent/Guardian Signature _____ Date _____

ATTENTION STAFF: Please be sure that the following items are on file	
Completed Health Form	Medication labeled in individual box/bag
Completed Emergency Card	Completed Administration of Prescription Medication Form is with the medication

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 vision 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 care consultant shall assist in the review of individual care plans as needed.