

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\*

#### ASTHMA

Medication \_\_\_\_\_

Dr. signed off on waiver

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

#### What to do if a child develops symptoms while at the program

- Help the child stay calm
- Have the child sit in the position that they are most comfortable and rest
- Guide the child in relaxed, controlled breathing
- Follow directions provided on the Authorization of Administration of Medication (if applicable)
- Call 911 if child's breathing becomes more difficult or he/she is struggling to breathe or unable to speak
- Call the parent to inform of the asthma episode

Other Health Concerns:	Yes	No
Diagnosis		
Relevant Information (symptoms, triggers, etc)		
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

- |   |  |
|---|--|
| <input type="checkbox"/> Completed Health Form    | <input type="checkbox"/> Medication labeled in individual box/bag  |
| <input type="checkbox"/> Completed Emergency Card | <input type="checkbox"/> 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.