

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*

HEALTH CONCERNS

Diagnosis _____ Current Medications _____
Relevant Information (symptoms, triggers, etc) _____
Plan _____ No plan needed

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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.