

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\*

#### NON ANAPHYLAXIS ALLERGY

Allergy to \_\_\_\_\_

Symptoms/triggers \_\_\_\_\_

Will not be accessible/served at program

Will keep away from allergin if possible

#### Other Health Concerns:

Yes

No

Diagnosis

Current Medications

Relevant Information (symptoms, triggers, etc)

Plan

No plan needed

#### Medications Not Administered at The Program:

Medication Name

Medication Dose

Medication Dosage Schedule

| Medication Name | Medication Dose | Medication Dosage Schedule |
|-----------------|-----------------|----------------------------|
|                 |                 |                            |
|                 |                 |                            |
|                 |                 |                            |

Restrictions/Relevant Information \_\_\_\_\_

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.