

**Portland Promise Center
Child Development Program
Child Medical Action Plan**

Medication Action Plan

This plan serves as action-step guidance for children with specialized needs such as, but not limited to, asthma, diabetes, seizures, or allergies.

If a child has health care needs that require specialized health services, the child's health care professional or parent must complete a medical action plan and include it with the enrollment forms. This plan must be updated both annually and anytime there are changes to the child's health status or treatment plan.

Name of person completing form:		Today's date:
Child's full name:		Date of birth:
Parent/guardian's name:		Phone:
Primary health care professional:		Phone:
Specialist/therapist:	Type:	Phone:
Specialist/therapist:	Type:	Phone:
Diagnosis(es):		
Allergies (food, medication, environmental, insects, or other):		

Medication(s)

Complete a Medication Administration Permission Form if medications listed below are to be provided by the child care. Complete page three if child has more than two medications.

Medication name:		<input type="checkbox"/> Daily medication taken at PPC	<input type="checkbox"/> Emergency medication
Dosage:	Time/frequency:	Route:	
Specific instructions:	Side effects:	Reason prescribed:	
Medication name:	<input type="checkbox"/> Daily medication taken at PPC	<input type="checkbox"/> Emergency medication	
Dosage:	Time/frequency:	Route:	
Specific instructions:	Side effects:	Reason prescribed:	

Accommodation(s)

Describe any accommodation(s) the child needs in daily activities and why.

Dietary:

**Portland Promise Center
Child Development Program
Child Medical Action Plan**

Classroom Activities:
Naps/Sleeping:
Toileting:
Outdoors:
Transportation:
Other:

Equipment/Medical Supplies

1.
2.
3.

If completed by a health care professional:

Health Care Professional Signature Date

Additional Notes/Comments

--

Parent/Guardian Signature Please come to the Portland Promise Center to sign. Date