

Child's Name:
Allergies, Special Health or Medical Conditions, and Medical Foods:
<p>Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.</p>
<p>Does your child have any food, medication or environmental allergies? <i>(check all that apply)</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - <i>check all that apply</i> <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Environmental Please list and explain:</p>
<p>Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? <i>(check one)</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.</p>
<p>Does your child have a developmental delay or special health or medical condition? <i>(check one)</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - please explain</p>
<p>Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? <i>(check one)</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.</p>
<p>Is your child currently using any medication or medical food? <i>(check one)</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - please explain</p>
<p>If yes, does this medication or medical food need to be administered at the child care program/home?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.</p>
<p>Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? <i>(check one)</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - please explain</p>
<p>Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - written instructions from the child's health care provider must be on file.</p> <p><input type="checkbox"/> N/A - program does not provide meals or snacks to the child.</p>