

**Wesley Learning Center
92 Church Hill Rd
Sandy Hook, CT 06482
1 (203) 426-6149**

STUDENT CARE PLAN

Childs Name _____ DOB _____

Address _____

Parent/Guardian: Name _____ Phone: _____ Cell _____

Emergency Contact Name: _____ Phone: _____ Cell _____

Physicians Name: _____ Phone: _____

Preferred Hospital _____

Medical Condition(s) of concern _____

Signs or Symptoms to watch for _____

Restrictions/Modifications/Requirements:

Classroom _____ Diet/Nutrition _____

Outdoor play _____ Toileting/Diapering _____

Fieldtrips _____ Fine/Gross Motor _____

Special Needs or Adaptations _____

Special Training, if any, staff must have to provide care _____

Medications:

Daily: _____ Side Effects: _____

Management of side effects: _____

Emergency: _____

* Refer to Medication Authorization Form for administration of any Medication.

Describe when parent/guardian should be notified _____

Other Specialists/Consultants working with child: Name: _____
(e.g. Occupational/physical therapists, speech,) Phone: _____

Permission to contact Yes / No

Other Information the parent would like to share: _____

Reviewed by:

Parent: _____

Date: _____

Health Consultant: _____

Date: _____

Teacher: _____

Date: _____

Assistant: _____

Date: _____

Extended Day Teacher: _____

Date: _____

Extended Day Asst: _____

Date: _____

Director: _____

Admin. Asst: _____