



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE

**INDIVIDUAL PLAN FOR SPECIALIZED CARE**

**IDENTIFYING INFORMATION**

CHILD'S NAME

BIRTHDATE

**AREA OF CONCERN**

**ADAPTIVE EQUIPMENT OR SUPPLIES NEEDED AT DAY CARE**

**MEDICATION/TREATMENT CHILD IS TO RECEIVE AT FACILITY DURING CHILD CARE HOURS**

If the child is to receive treatments during his/her scheduled hours of care, how and by whom is this treatment to be administered?

**SYMPTOMS/INDICATORS/POSSIBLE PROBLEMS RELATING TO CHILD'S CONDITION/TREATMENT  
HEALTH PROBLEMS THAN CAN RESULT IN AN EMERGENCY**

PHYSICIAN/SPECIALIST SIGNATURE

DATE

X

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