



Special Health Needs Form

Child Development Center (CDC)

Name of Child: _____ Date: _____

Please list the individual(s) authorized to have access to health information regarding the child listed above. (You may elect to refer the CDC to your child's information card, which provides emergency contacts for your child, individuals to whom your child may be released, and who may have access to personal health information.)

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Important Health Information

Does your child have any health issues about which we should know? Yes No

If yes, what are their health issues? (Asthma, Nutritional Needs, Allergies, Hearing or Vision Impairment, Etc.)

What special instructions must be followed regarding your child's health issue(s)? (Please provide detailed information.)

If your child requires medication to be administered at UMCH, you must complete a Medication Form that provides specific instruction for the teacher(s). If you bring your child into care with medication, please give the medication to your child's teacher and complete a Medication Form. All medications are locked in a secure cabinet while at UMCH; consequently, you may need to remind the teacher(s) to return the medication to you when you pick your child up at the end of the day.

If your child may not have or be near any menu item due to allergies or special nutritional needs, or if your child requires specially prepared foods, you must provide an Individualized Health Care Plan from your child's health care provider. (This document is typically prepared in consultation with family members and specialists, if any, involved in the care of the child.)

The following individuals are permitted access to your child's personal health information as necessary at UMCH: Your child's teacher(s); the manager of the CDC; the director of programs; the manager of human resources, and the chief executive officer.

By signing below, you confirm that the information provided herein is accurate to the best of your knowledge.

Signature of Parent/Guardian: _____ Date: _____