FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Meriden-New Britain-Berlin YMCA

Before & After School Childcare – New Britain
Individual Care Plan

Child's Name: _____ **Date of Birth:** _____/_____/_____

Special health care or behavioral need or disability:

- ☐ Asthma Inhaler required? YES ____ NO ____
- ☐ Allergies Epi-pen required? YES ____ NO ____ Benadryl required? YES ____ NO ____
- ☐ ADD
- ☐ ADHD
- ☐ Autism
- ☐ Other: _____

Common Presenting Symptoms:

1. _____
2. _____
3. _____

Action steps /plan for care when I have these symptoms:

1. _____
2. _____
3. _____

Other important information: _____
_____
_____

Parent Signature: _____ **Date Signed:** _____/_____/____

Health Care Provider Name: _____ **Phone #:** _____

YMCA Staff Caring for child:

Printed Name	*Signature*	*Date Signed* /	*Printed Name*	*Signature*	*Date Signed*