If a child has health care needs that require specialized health services, the child's a health care professional or parent/guardian

must complete a medical action plan and attach it to the scout’s Health documents. This plan must be updated both annually and anytime there are changes to the child’s health status or treatment plan. It is recommended that parents do not complete or change the plan without guidance from the child’s health care professional.

**Scout’s with asthma, diabetes, seizures, or allergies/anaphylaxis should have medical action plans specific to those**

**conditions. Asthma, seizure, and allergy/anaphylaxis are available in the Health form section for summer camp; diabetes is**

**available from your medical provider [it would be the same as what is provided to schools].**

|  |  |
| --- | --- |
| Name of person completing form: | Today’s date: |
| Child’s full name: | Date of birth: |
| Parent/guardian’s name: | Phone: |
| Primary health care professional: | Phone: |
| Specialist/therapist: | Type: | Phone: |
| Specialist/therapist: | Type: | Phone: |
| Diagnosis(es): |
| Allergies (food, medication, environmental, insects, or other): |

**Medication(s)**

Complete a **Medication Administration Permission Form** if medications listed below are to be provided by the child care. Complete page three if child has more than two medications.

|  |  |  |  |
| --- | --- | --- | --- |
| Medication name: | * Daily medication

taken at child care | * Daily medication

taken at home | * Emergency

medication |
| Dosage: | Time/frequency: | Route: |
| Special instructions: | Side effects: | Reason prescribed: |
| Medication name: | * Daily medication taken at child care
 | * Daily medication taken at home
 | * Emergency medication
 |
| Dosage: | Time/frequency: | Route: |
| Special instructions: | Side effects: | Reason prescribed: |

**Accommodation(s)**

Describe any accommodation(s) the child needs in daily activities and why.

|  |
| --- |
| Diet or Feeding: |
| Classroom Activities: |
| Naptime/Sleeping: |
| Toileting: |
| Outdoors or Field Trips: |
| Transportation: |
| Other/Comments: |

**Equipment/Medical Supplies**

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |

**Emergency Care**

|  |
| --- |
| Call parents/guardians if the following symptoms are present: |
| Call 911 (emergency medical services) if the following symptoms are present, and contact the parents/guardians: |
| Take these measures while waiting for parents or medical help to arrive: |

**Suggested Special Training for Staff**

|  |
| --- |
|  |

If completed by a health care professional:

|  |  |
| --- | --- |
| Health Care Professional Signature: | Date: |

**Parent notes**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Parent/Guardian Signature: | Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| Medication name: | * Daily medication taken at child care
 | * Daily medication taken at home
 | * Emergency medication
 |
| Dosage: | Time/frequency: | Route: |
| Special instructions: | Side effects: | Reason prescribed: |
| Medication name: | * Daily medication taken at child care
 | * Daily medication taken at home
 | * Emergency medication
 |
| Dosage: | Time/frequency: | Route: |
| Special instructions: | Side effects: | Reason prescribed: |
| Medication name: | * Daily medication taken at child care
 | * Daily medication taken at home
 | * Emergency medication
 |
| Dosage: | Time/frequency: | Route: |
| Special instructions: | Side effects: | Reason prescribed: |
| Medication name: | * Daily medication taken at child care
 | * Daily medication taken at home
 | * Emergency medication
 |
| Dosage: | Time/frequency: | Route: |
| Special instructions: | Side effects: | Reason prescribed: |
| Medication name: | * Daily medication taken at child care
 | * Daily medication taken at home
 | * Emergency medication
 |
| Dosage: | Time/frequency: | Route: |
| Special instructions: | Side effects: | Reason prescribed: |
| Medication name: | * Daily medication taken at child care
 | * Daily medication taken at home
 | * Emergency medication
 |
| Dosage: | Time/frequency: | Route: |
| Special instructions: | Side effects: | Reason prescribed: |

|  |  |  |  |
| --- | --- | --- | --- |
| Medication name: | * Daily medication taken at child care
 | * Daily medication taken at home
 | * Emergency medication
 |
| Dosage: | Time/frequency: | Route: |
| Special instructions: | Side effects: | Reason prescribed: |