

**YMCA Individual Plan of Care for a Child
With Special Health Care Needs or Disabilities**

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

An individual plan of care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the child care program.

Special health care need or disability:

Special care needed:

Other relevant information:

Signature(s) of the Parent(s):

Date Signed:

____/____/____
____/____/____

4144-300-0040-(4)(h) requires any chronic health problems the child has, including allergies.