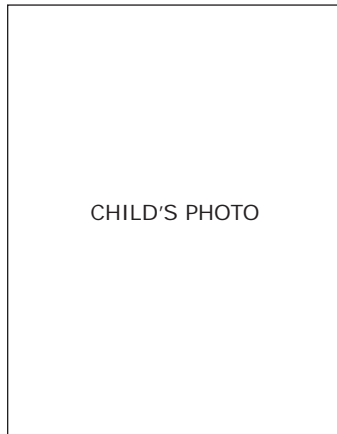


Condition-specific action plan: Cover page

[Condition] _____ action plan

for: _____ [child's name]



Date developed: _____

Review date(s): _____

Note: Review this information with the parents every 6 months or whenever their child's treatment changes.

Child's birth date: _____

Child's weight: _____

Designated staff member (if applicable):

Contact information

Mother/guardian: _____

Tel: Home _____ Work _____ Cell _____

Father/guardian: _____

Tel: Home _____ Work _____ Cell _____

Child lives with: _____

Child's doctor's name: _____ Tel: _____

Allergy specialist's name (if applicable): ___ Tel: _____

Alternate emergency contact (if parents are unavailable): _____

Relationship to child: _____

Tel: Home _____ Work _____ Cell _____

Notify parents/guardians or emergency contact in the following situations: _____

Note any other conditions that may affect the treatment of this child: _____

Name, address and phone number for child care centre or home setting