RECTORY SCHOOL After School

Individualized Plan for Care

The State of CT, Department of Public Health requires that all plan for care on file. This plan needs to be filled out and signed strategy that the Before or After School teachers can put in place that have an allergy, special dietary need, dental issue, hearing or history of contagious disease qualify for an individualized care p placed in the classroom.	by the child's physician. The plan needs to be a step-by-step in case of emergency or need for intervention. All children visual impairment, chronic illness, developmental delay, or a
Child's Name:	
Special Health Need:	
Physician's Plan for Care <mark>(In Case o</mark>	of Emergency):
Physician Signature:	Date:
Emergency Contact Information:	
Name:	_ Telephone #:
Relationship to Child:	
OR	
Name:	_ Telephone #:
Relationship to Child:	
Parent Signature:	Date:
All Staff Initial and Date When Read:	
528 POMFRET STREET POMFRET, CT 06258 TEL. (860) 928-1808 FAX (860) 928-1591 EMAIL children@rectoryschool.org	