





MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE  
**INDIVIDUAL PLAN FOR SPECIALIZED CARE**

IDENTIFYING INFORMATION	
CHILD'S NAME	BIRTHDATE
AREA OF CONCERN	
ADAPTIVE EQUIPMENT OR SUPPLIES NEEDED AT DAY CARE	
MEDICATION/TREATMENT CHILD IS TO RECEIVE AT FACILITY DURING CHILD CARE HOURS	
If the child is to receive treatments during his/her scheduled hours of care, how and by whom is this treatment to be administered?	
SYMPTOMS/INDICATORS/POSSIBLE PROBLEMS RELATING TO CHILD'S CONDITION/TREATMENT HEALTH PROBLEMS THAN CAN RESULT IN AN EMERGENCY	
PHYSICIAN/SPECIALIST SIGNATURE	DATE
X	

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