



Plan of Care for

(©AYS, Inc.)

Child's Name: _____ Date of Birth: _____ Age: _____

AYS Program: _____

Physician child sees for above:

Name (please print) _____ Phone Number _____

Medications your child uses:

Name of Medication(s)	Dosage	Time(s) of day given

Would medication(s) need to be given during normal program hours?YES/NO
 Would medication(s) need to be given during non-school day programs?YES/NO
 If **yes** to either question, an AYS permission slip, completed by your child's doctor is required. Have you returned this permission slip to the AYS program director? YES/NO

Allergies: List any allergies i.e. foods, medications, the environment, etc. _____

Control of the Child Care Environment

AYS programs are often located in the gym or cafeteria. During a program, a wide variety of activities are concurrently offered. Please list any ideas/suggestions that would help the AYS staff to care for and communicate with your child in this type of a setting.

Are there any special procedures required of an adult regarding your child's care i.e. assistance with dressing, eating, toileting, etc.? YES/NO If so, please list and describe.

Do you use special equipment with your child? YES/NO If so, please list and describe.

Social/Family

All children have difficulty in peer interactions at times. Describe the types of difficulties your child experiences. Please offer ideas/suggestions on how the AYS staff might help your child through these times. _____

Therapies

If your child receives any types of therapy i.e. psychological, reading, speech, etc., please describe when therapy began and how often therapy is given. Are there goals or techniques used in therapy that the AYS staff would find helpful in caring for your child?

Any special instructions from parent or physician: _____

Review of above information & signatures for this school year in AYS:

Parent/Guardian Signature

AYS Program Director's Signature

Date

Date

Review of the above information & signatures for the next school year in AYS:

Parent/Guardian Signature

AYS Program Director's Signature

Date

Date