



# Plan of Care for ADD or ADHD

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

AYS Program: \_\_\_\_\_ School Year: \_\_\_\_\_

Please list the name and phone number of the Physician your child sees for ADD/ADHD below\*

\*(please circle the appropriate diagnosis)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Physician's Phone Number

Does your child take prescription medication for the treatment of their ADD or ADHD?  YES \*  NO

If your child participated in an outside activity or field trip would they be required to take any medications with them for prevention/treatment of ADD or ADHD?  YES \*  NO

(\*If you answered yes to either of the above questions Please list the medications your child takes for treatment of ADD or ADHD below)

Name of Medication(s)	Dosage	Time(s) of Day Given

Would any of the above medication(s) need to be given during normal program hours?  YES  NO

Would any of the above medication(s) need to be given during extended program hours?  YES  NO

If you answered yes to either question, please be aware that an AYS Medication Consent form will need to be completed by your child's doctor and provided to AYS.

Have you provided an AYS Medication Consent form to AYS staff?  YES  NO

## Control of the Program Environment

AYS programs are often located in the gym or cafeteria of the schools with which AYS is partnering, during a program, a wide variety of activities are concurrently offered, which makes for a fun and exciting environment. AYS understands that this can be stimulating for a child with ADD or ADHD. In order to better serve your child with ADD or ADHD 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.

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## Social/Family

All children have difficulty in peer interactions at times and in order to better serve your child, AYS asks that you describe the types of difficulties your child experiences. Please offer ideas/suggestions on how AYS staff might help your child through these times. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information that relates to your child's behavior, that would be helpful in the care of your child, i.e. recent change in marital status, living situation, job change/loss, death of a loved one, or other items?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Therapies

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review of above information and signatures for the \_\_\_\_\_ school year in AYS.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
AYS Program Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Review of above information and signatures for the \_\_\_\_\_ school year in AYS.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
AYS Program Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date