

Health Certificate

Section I to be completed by parent/legal guardian:

Child's Name _____
Last First Middle

Age _____ Birth Date ____/____/____

Parent/legal guardian _____
Last First

1. Does your child have any medical conditions the staff should be made aware of? _____
2. Does your child have any known allergies that require emergency medications? _____
If so, a health care plan is required from your health care provider.
3. Is your child on any special dietary restrictions? _____
4. Has your child been diagnosed with a delay or special need? ____ If Yes, explain _____
4. Do you have a special request regarding your child's care while at school? _____

Parent / legal guardian signature _____ Date _____

Section II to be completed by the child's physician:

1. Does this child enjoy good health free from any conditions? _____
2. Has this child demonstrated normal motor and mental development? _____
3. Should this child be on any physical or dietary restrictions? _____
4. Do you believe this child can keep the schedule of a structured school day? _____
5. Are the child's immunizations up to date? _____
6. Date of most recent health checkup? ____/____/____
7. Any comments or recommendations? _____

Provide an individualized health care plan for children with needs or restrictions requiring "emergency medications" or treatments while at school, include child's condition, symptoms we should look for and what the school staff should do in response.

Does the school staff need training to perform the emergency treatment? _____

A copy of child's most recent immunizations list is required for enrollment.

If child has not had an immunization, please note the reason- religious _____ other _____

Physician signature _____ Date _____

INDIVIDUALIZED CARE PLAN

An Individualized Care Plan is required for children with special health care needs, who may require emergency medicine or treatment. The Individualized Care Plan must state the child's condition, symptoms and the course of action the CCP staff should follow if symptoms occur. The plan is signed and dated by the child's physician.

Families may be required to provide the CCP training to administer treatment.

The Individualized Care Plan must be given to the classroom teachers before the first day of school regardless of the timing of child's registration.

The program will display information about each child's health needs in the classroom and snack areas as a visual reminder for all those who care for the child.

CCP administers only emergency medicine. The medicine must be in the original container labeled with the child's prescription. All medication must be in date.

Need a health certificate completed or a vaccination? Call the Gaston County Health Dept. 704-853-5000.