

Methodist Nursery School

Individual Care Plan

My child, _____ has been
diagnosed with the following allergy/illness/ chronic condition:

If the student is exhibiting the following signs or symptoms:

Administer the following medications in the following order, as prescribed by the child's
physician.

1. _____
2. _____
3. _____

Contact the following persons in the following order. (If we administer an Epi-pen, we
always call 911 first.):

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Prescribing Physician _____ Phone _____

Child's Pediatrician _____ Phone _____

Signature of Parent/Guardian _____ Date _____

Signature of Teachers _____ Date _____

_____ Date _____