

**DOES YOUR CHILD HAVE A SPECIAL HEALTHCARE NEED?**

**YES**

**NO**

**ALLERGIES/ASTHMA**

**IEP/504 PLAN**

**DOES YOUR CHILD  
REQUIRE  
MEDICATION?**

**YES**

**NO**

1) Provide Individualized  
Healthcare Plan, Including  
Required  
Accommodations  
  
2) Meet With Site  
Director To Discuss  
Child's Plan And Needs

**Complete Required Forms:**

1) **Medication Consent Form**  
(For each medication provided)  
2) **Individualized Healthcare Plan**  
3) **Individual Allergy &  
Anaphylaxis Emergency Plan**

Provide Doctor's Note  
Confirming No  
Medication Needs To Be  
Administered During  
Program Hours

***Please note: In addition to completing required forms for your child's special healthcare need(s), you must submit a signed parent handbook acknowledgment form to your BGCNR site director.***