

Special Care Statement

(For intolerances, preferences, allergies that are NOT anaphylaxis in nature, and all other special care needs)

Place child's
photo here

Child's Name: _____

Child's date of birth: _____

Why is the special care
Statement needed: _____

Explanation of what happens: _____

How should MDS respond: _____

Does the child have any
Adaptive equipment? _____
If so, what is it? _____
And how is it used? _____
What does MDS need to
do to ensure it is used
properly? _____

***In case of a medical emergency always call 911 first then call guardians or other emergency contacts.
If the child has an epi pen and it is an anaphylaxis emergency, use the epi pen first, then call 911 then call
guardians or other emergency contacts.***

Guardian Contact: _____

Guardian Contact: _____

Emergency Contact: _____

Emergency Contact: _____

Guardian Signature & Date: _____

MDS Director Signature & Date: _____

MDS Teacher Signature & Date: _____