

Bright Horizons
Individual Care Plan Information
Special Meal/Nutrition Requirements

Name of Child: _____ Date of Birth: _____

Medical Condition: _____

Symptoms: _____

Medications Required/Instructions *(Please note: the Authorization for the Administration of Medication will also need to be completed for any required medications):*

Plan of Care While Child Attends the Center:

- Special Feeding Requirements: *(how to serve: break into small pieces, foods child should not be given, etc.):*

- Foods Child Should be Given: _____

- Feeding Schedule: _____

- Additional information/Instructions from the physician include *(What to do/not do if child is fussy at his/her usual time to eat?):* _____

Physician's Signature

Date

To ensure the safety of your child, any change to the above special meal/needs requirements will require a note from your child's physician stating that there has been a change or that the child is no longer in need of a special care plan.

I understand that Bright Horizons requires the most up to date information regarding my child's special meal/needs requirements. I also understand that for the safety of my child, my child's photograph and meal/needs requirements information may be posted in the classrooms and kitchen on the Special Care/Allergy Awareness Chart.

Parent/Guardian's Signature

Date

Center Nurse's/Director's Signature

Date

This plan must be updated annually or whenever there has been a change to the above special meal/needs requirements.