

*******IMPORTANT*******

Attention Parents and Providers:

Please read carefully. The required medical support forms must be completed entirely. Please do not leave space blank, if the issue does not apply please put N/A in the space. This will avoid a delay in completing your registration or activity enrollment. The following information is intended to help you or your physician accurately complete the medical action plan:

Allergy action form and special diet statement,

- 1) Special diet statements must list food/items to avoid, the reaction and the substitute or provider can write in substitute column (See back) for pre printed list of alternate foods.
- 2) If it is a religious preference it must be signed by a clergy rather than a medical provider, per USDA guidelines.
- 3) If reaction includes hives, or rash, etc., provider must complete allergy action plan as well. Please list name of antihistamine. For example plan must have drug name, dose, route, and frequency. If epipen indicated, circle. If none apply have provider mark none, or N/A, and sign and stamp.

Respiratory action plan

- 1) Please list the name of any rescue med, (Inhaler or nebulizer) dose, and frequency.

Seizure action plan

- 1) Please list type of seizure. If it's a febrile, have provider complete the upper section also regarding at what temperature to administer Tylenol, etc. Make sure dosage is also included.
- 2) If for epileptic or other type seizure, the part related to febrile seizure does not have to be filled out. If diastat is ordered, please write this on the form and provide a copy of the medication's prescription label. Our policy is to also call 911 before administering this rescue medication. A copy of this care plan will be given to EMS upon arrival, and they can talk with hospital physician.

Diabetes action plan Please be specific

- 1) Give clear concise instructions that care giving staff can easily follow. Please put specific blood sugar ranges and what to do when these ranges occur. We do not have medical providers in the facilities.

MIAT Process: Paperwork must be submitted with a picture of each Rx label of all medications listed on the plans. The prescription MUST be a newly refilled medication. Completed paperwork and copy of prescription labels will be forwarded to the Army Public Health Nurses. They allow 10 – 14 working days to process your paperwork and return it to CYS.

**ALL MEDICATION, INCLUDING OVER THE COUNTER MEDICINE
MUST HAVE PRESCRIPTION LABELS ON IT**