

Caregiver's Name	Credentials or Professional License Information (if applicable)

Describe any additional training, procedures or competencies the caregiver identified will need to carry out the health care plan for the child with special health care needs as identified by the child's parent and/or the child's health care provider. This should include information completed on the medical statement at the time of enrollment or information shared post enrollment. In addition, describe how this additional training and competency will be achieved including who will provide this training.

[illegible]

PROGRAM NAME: Watertown Family YMCA SACC	FACILITY ID NUMBER: 310646, 42431,	PROGRAM TELEPHONE NUMBER: (315) 755-2005
CHILD CARE PROVIDER'S NAME (PLEASE PRINT):		DATE: / /
CHILD CARE PROVIDER'S SIGNATURE: X		

I give consent to share information about my child's allergy with all program caregivers in a non-discreet way. I support the strategies the program implements to keep my child from being exposed to known allergen(s). I acknowledge these strategies may include visual reminders that may result in the disclosure of my child's confidential allergy information to non-child care staff.

Yes ☐ No ☐

X	DATE: / /
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