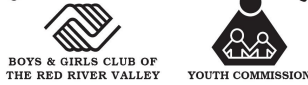


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**Youth Commission
Individual Child Care Plan (ICCP)
Other**

Child's Name: _____ DOB: _____

School Site: _____

Diagnosed Medical Condition: _____

1. Is this a current health issue? YES NO

a. If yes, describe how often it occurs: _____

b. What symptoms and behaviors does your child experience?

c. List any restrictions at the Youth Commission: _____

2. What medication and treatment plan is your child following? (Complete MEDICATION PERMISSION FORM)

3. If your child does not respond to medication and treatment what would you like the staff to do?

4. Can your child administer the medication and treatment themselves or does your child need help? On Own Needs Assistance

a. If needs assistance, what does the staff need to do? _____

YOUTH COMMISSION / BOYS & GIRLS CLUB OF THE RED RIVER VALLEY

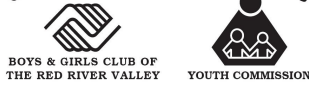
Fargo Youth Center
2500 18th Street South
Fargo, ND 58103
P: 701/235-2147
F: 701/235-9970

Youth Center @ Rose Creek
4809 University Drive South
Fargo, ND 58103
P: 701/478-4066
F: 701/478-4067

Moorhead Youth Center
215 10th Street North
Moorhead, MN 56560
P: 218/284-1199
F: 218/284-1201

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**Youth Commission
Individual Child Care Plan (ICCP)
Other**

5. Where is the medication stored? _____

6. Is there any additional information staff must know in order to best serve your child?

Parent Signature: _____

Date: _____

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