



# NAVY CHILD AND YOUTH PROGRAM HEALTH INFORMATION FORM 1700/52

Child's Name (Last, First, Middle):
Sponsor's Name (Last, First, Middle):

### PART A: IDENTIFICATION OF CHILD/YOUTH MEDICAL AND/OR DIETARY NEEDS

*(Some of these questions may require additional documentation. Please refer to the instructions on Page 2.)*

1. Is there any information we need to know to support your child's medical needs?  Yes  No  
If "Yes," please briefly describe.

2. Does your child have any allergies or allergic reactions?  Yes  No  
If "Yes," please list the allergen(s) and corresponding reactions.

3. Does your child have any food intolerances that require food substitutions (e.g., lactose intolerant)?  Yes  No  
If "Yes," please describe:

### PART B: IDENTIFICATION OF MEDICATION NEEDS

4. Does your child require emergency response medication?  Yes  No  
If "Yes," please describe your child's emergency response medication needs.

5. Will your child need to take medication for any ongoing medical conditions (non-emergency) while in care at the CYP? (does not include medication for temporary needs, such as antibiotics)  Yes  No

### PART C: OTHER NEEDS REQUIRING ASSISTANCE WHILE IN CARE

6. Does your child require any accommodations to participate in CYP (e.g., alternative communication, physical, sensory, or material adaptations)?  Yes  No  
If yes, please describe.



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## PART D: EARLY INTERVENTION AND SPECIAL EDUCATION

7. Is your child receiving services through an Individualized Family Service Program (IFSP) or Individualized Education Program (IEP)?  
 Yes  No

## PART E: EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT

8. Is your child enrolled in the EFMP?  Yes  No

I acknowledge that all the above information is true and accurate. I understand that if there are changes in my child's health or developmental needs that will require additional assistance in the CYP, I must notify the CYP. Changes to my child's health information may require additional medical documentation and meeting with the Navy CYP Inclusion Action Team (IAT).

**Sponsor's Signature and Date** (Signature indicates the sponsor has provided true and accurate information to the best of his/her knowledge.)

**CYP Professional's Signature and Date** (Signature indicates the CYP Professional has reviewed the information provided on this form and will alert the CYP Director immediately to ensure any necessary accommodations are made for the child.)

This form must be reviewed by the parent(s) each year during the annual registration process. If there are no changes to be made, the parent(s) may simply initial and date the form. If there are changes to be made, a new form must be completed.

*Sponsor's Initials and Date:*      *Sponsor's Initials and Date:*      *Sponsor's Initials and Date:*      *Sponsor's Initials and Date:*

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**AUTHORITY:** P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child and Youth Programs."

**PURPOSE:** To provide Child and Youth Programs (CYP) with information about your child's overall health and needs that may affect his/her care at the CYP.

**ROUTINE USES:** Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The information may also be shared with members of the command Inclusion Action Team (IAT) for the purpose of identifying any accommodations your child may need.

**VOLUNTARY DISCLOSURE:** Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child's admission to the CYP.



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## Additional Information

The Health Information Form – CNICCYP 1700/52 is used as a screening tool by the CYP to determine whether your child requires additional documentation and resources to support their participation in CYP. If you answer yes to any question(s) on this form, the CYP Director will contact you to obtain additional information to support your child. Depending on your child's needs, the CYP Director may also refer your child to the Inclusion Action Team (IAT). The Inclusion Action Team (IAT) is a team of professionals that collaborates to support the full inclusion of children with diagnosed or undiagnosed disabilities, differing abilities, or special needs. These experts in the fields of medicine, therapy, family services, special education, and general education help CYPs locate resources for families and identify reasonable accommodations that can be implemented to support a child's success in that CYP. If the CYP Director feels your child may benefit from a referral for IAT support, you are always consulted first and encouraged to participate in the discussion. You are the expert on your child, and as such, you are the most valuable member of the IAT.

Additional documentation required varies depending on each child's needs, but may include the following items:

**Emergency Action Plan (EAP):** The EAP tells CYP staff how to respond to your child or youth's needs in case of a medical emergency (e.g., a youth with a severe peanut allergy accidentally eats peanut butter). EAPs must be developed, completed and signed by their health care providers. EAPs may be provided by the child or youth's health care provider or the CYP can provide an EAP template for the health care provider to use.

**Medication Administration Form:** This form is required for all children who need administration of prescription medication at the CYP and must have the following signatures: (1) health care provider signature on written instructions, including the type of medication, dosage, frequency, and duration of the administration period (e.g., 3 weeks, 1 year, indefinite), and (2) parent signature, giving consent for authorized employees to administer medication while the child is at the CYP. If the form is for emergency response medication, an EAP is also required.

**Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP):** Children or youth who have received (or are receiving) early intervention or special education services from a school district will have an IEP and/or IFSP. Families are strongly encouraged, but not required, to provide a copy of the IEP or IFSP to the CYP, as this can help the program develop accommodations to meet the child or youth's needs.

### Definitions:

**Food Allergy:** When a child has a food allergy, his/her body responds to food as if it were a threat. The body's immune system response can be mild or, in rare cases, associated with a severe and life-threatening reaction called anaphylaxis. Allergic reactions are highly unpredictable. The severity of one attack does not predict the severity of the next attack. The only way to prevent a life-threatening reaction is strict **avoidance** of the allergen.

**Food Intolerance:** When a child has a food intolerance, it is a reaction of the digestive system and is not dangerous. Although a child may experience gas, bloating, abdominal pain and/or diarrhea, the reactions will pass and the child is not in danger. Children with food intolerances likely do not have prescribed medications for their condition and do not need an EAP. Some common food intolerances are lactose and gluten.