



# Care Notebook

Training with One Page Profile

[oklahomafamilynetwork.org](http://oklahomafamilynetwork.org)

# What is a Care Notebook?

An organizing tool for families who have children with special health care needs. It is used to keep track of important health care and school information. A Care Notebook makes it easier to find and share key information with others who are part of a person's care team. This is most important in emergent, transitional or new situations.



# Care Notebook

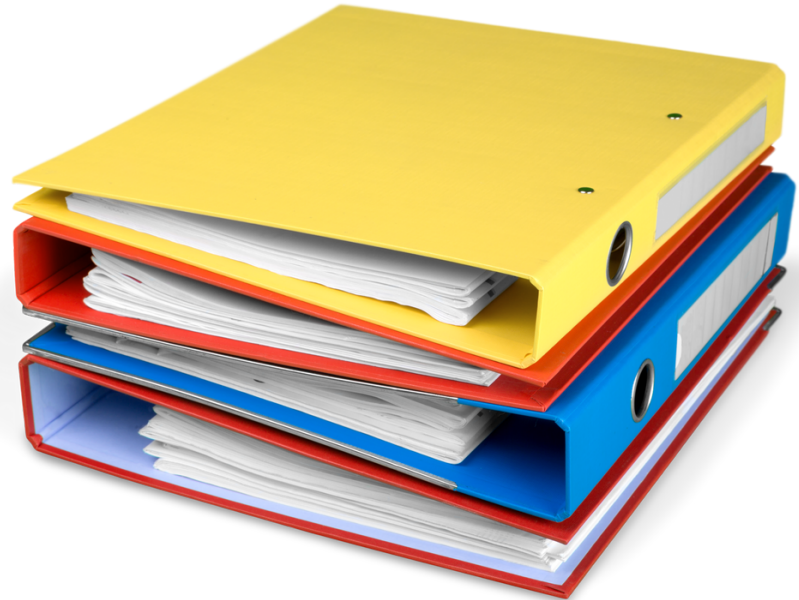


An organizational tool for maintaining personal and medical information.



# OFN Care Notebook Tabs:

- Cover sheet
- Medical Information
- Dental Health
- Providers
- Resources
- Evaluations
- IEP/IFSP/IP
- Insurance/Legal Information





# Types of Documents

- Allergy Log
- Appointment Log \*
- Behavior Event Log \*
- Blood Pressure Tracking
- Blood Sugar Tracker
- Calendar \*
- Care Schedule\*
- Childcare Respite and Babysitter Contacts
- Child's Development History \*
- Communication Log
- Cover Page (photo when well)\*
- Daily Medication Tracking\*
- Dental Care



# Types of Documents

- Diet Tracking
- Early Intervention
- Emergency Plan
- Equipment and Supplies
- Evaluations \*
- Getting to Know Me \*
- Growth Tracker \*
- Healthcare Providers \*
- Home Visitor Log\*
- Hospitalizations
- How My Day Went
- In Case of Emergency



PORTABLE MEDICAL SUMMARY: NAME: \_\_\_\_\_

NAME:	BIRTH DATE:
ADDRESS:	PARENT/GUARDIAN:
	HOME/WORK PHONE:
PRIMARY LANGUAGE:	EMERGENCY CONTACT:
	PHONE NUMBER (S):
PERTINENT PERSONAL CHARACTERISTICS:	

MEDICATIONS		Allergies:	REACTIONS:
DAILY Rx:	MONTHLY Rx:		
Rx PRN:		HERBS/SUPPLEMENTS:	
OXYGEN: YES <input type="checkbox"/> NO <input type="checkbox"/> QUANTITY: _____			
IMMUNIZATIONS UP TO DATE: YES <input type="checkbox"/> NO <input type="checkbox"/>		IMMUNIZATION RECORD (PLEASE ATTACH)	

PRIMARY DIAGNOSIS:	AGE AT TIME OF DIAGNOSIS:
OTHER DIAGNOSIS:	

Hospitalizations/Surgeries/Procedures	Date:	Hospital Name:	Physician:

BASELINE VITALS:	BASELINE NEUROLOGICAL STATUS:
RESPIRATIONS _____ TEMP _____ O2 _____ PULSE _____ BP _____ / _____	
BASELINE FINDINGS:	

COMMON PRESENTING PROBLEMS:	TREATMENT CONSIDERATIONS:
1. _____	1. _____
2. _____	2. _____

**PORTABLE MEDICAL SUMMARY: NAME:** \_\_\_\_\_

<b>PRIMARY CARE PHYSICIAN:</b>	<b>EMERGENCY PHONE:</b>
	<b>FAX:</b>
<b>OTHER PHYSICIAN:</b>	<b>OTHER PHYSICIAN:</b>
<b>EMERGENCY PHONE:</b>	<b>EMERGENCY PHONE:</b>
<b>FAX:</b>	<b>FAX:</b>
<b>OTHER PHYSICIAN:</b>	<b>OTHER PHYSICIAN:</b>
<b>EMERGENCY PHONE:</b>	<b>EMERGENCY PHONE:</b>
<b>FAX:</b>	<b>FAX:</b>

<b>MEDICAL EQUIPMENT:</b>	<b>MEDICAL SUPPLIES:</b>	<b>PROVIDER:</b>	<b>CONTACT INFO:</b>

<b>NUTRITION/FITNESS GOALS:</b>	<b>PROVIDER:</b>	<b>CONTACT INFO:</b>

<b>FUNCTIONAL CAPABILITIES:</b>	<b>BRIEF SUMMARY</b>	<b>FUTURE PLANS: AGENCIES INVOLVED/REFERRALS MADE</b>

<b>SERVICES CURRENTLY RECEIVING:</b>	<b>PROVIDER CONTACT INFO:</b>

<b>HEALTH INSURANCE PRIMARY:</b>	<b>HEALTH INSURANCE SECONDARY:</b>
<b>NAME:</b>	<b>NAME:</b>
<b>PHONE:</b>	<b>PHONE:</b>

<b>OTHER COMMENTS:</b>

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature Primary Care Provider \_\_\_\_\_ Phone: \_\_\_\_\_



## Appointment Log

Use this form to keep track of your appointments and when to schedule future appointments.

[illegible]



## Behavior / Event Log

This log is to help keep track of behaviors, or events (seizures, meltdowns, etc.)

[illegible]

# Child's Development History

It is Important to keep a record of many of your child's 'firsts.' This may help your doctor determine a diagnosis for your child and have a better idea of their developmental history.

Name:		
Skill:	Age:	Notes:
Smiled:		
Held Up Head:		
Rolled Over:		
Sat Up:		
Got First Tooth:		
Started Solid Food:		
Crawled:		
Spoke First Word:		

# Daily Medication Tracking

Name \_\_\_\_\_

Medication							
Date							
Dosage							
How Often							
Note							
Time 12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							



# Getting to Know Me

My Name	Nickname
Date of Birth	Today's Date
A Little About Me	
My Strengths (Things that are easy for me)	
My Challenges (Communication, feeding, learning, mobility, social, energy, behavior)	
My Life in the Community (School, Childcare, place of worship, my favorite places)	



# Home Visitor Log

Use this log to help keep track of providers who come to your home on behalf of your child.

Date	Name	Agency ✓



# Healthcare Providers

List contact information for different providers being used, including doctors, specialists, dentist, dietitians, etc.

Care Provider	
Name	
Phone	
Fax	
Start date	
End date	
Address	
E-mail	
Website	
Care Provider	
Name	
Phone	
Fax	
Start date	
End date	
Address	
Email	
Website	
Care Provider	
Name	
Phone	
Fax	

# How My Day Went

My Mood Today Was						
Happy	Loud	Rowdy	Energetic	<u>"Stemmy"</u>	Giggly	Funny
Sad	Weepy	Defiant	Calm	Sleepy	Spacey	Anxious
Scared	Nervous	Other				

My Activities

Today I went to

How I did

Today I Ate

Breakfast

	All	Most	Some	None		
--	-----	------	------	------	--	--

Lunch

	All	Most	Some	None		
--	-----	------	------	------	--	--

Dinner

	All	Most	Some	None		
--	-----	------	------	------	--	--

I had a snack at

I drank

Toilet

Diapers	Urine How Many?		Bowel Movement How Many?		Hard	Soft
Toilet	Urine How Many?		Bowel Movement How Many?		Hard	Soft

Accidents

Medication and Supplements

I took my Medication

	Very Well		Not at All		Some, but probably didn't get the full dose
--	-----------	--	------------	--	---

I Still Need to Take

Notes About My Day

# Tips to Care for Me

My Morning Routine
Meal times
Breakfast
Lunch
Dinner
Snacks
Other Tips
Homework/School Routines
Bathroom/Bath Time Routines
Bedtime Routine
Medication/Supplements
When I Am Upset, You Can Help Me by

# Resources:

Any information that serves as a resource for your child!

- Mobile Crisis Hotline 833-885-2273
- SOC Provider
- Case Manager Contact Information
- DRS Contact Information
- OK Parents Center contact information
- OFN contact information
- Child Care Provider, Catholic Charities, etc.



# Evaluations:



- Include Evaluation sheet (copies of all evaluations or tests)
- This may be from SoonerStart (Early Intervention), school, a psychologist, a therapist (OT, PT, Speech), a behavioral therapist, etc.

# IEP/IFSP/IP:

- Include copies of the most recent and relevant IEP, IFSP, 504 and/or IP





# Insurance/Legal Documents:

- Insurance information sheet (copies of cards)
- Guardianship papers
- Living will papers
- Powers of Attorney
- Court Papers
- Etc...



# Other documents:

- Journaling sheet
- How my day went
- Instructions for keeping me
- Notes

# What is a One Page Profile

It is a person centered, one page document that is easy to use and communicates important information about a person. It includes what is important to them, what people like and admire about them and how they want to be supported. It is written by the person or if they need support, by people who know them well and know how they wish to be supported best.



# One Page profiles must include 3 parts:



1

What People Like and Admire

2

Important TO and FOR the person

3

How to support the person

**But the options of what you can add are endless!**



This is an example of a One Page Profile.

This page shares what is important TO and FOR Taygen.

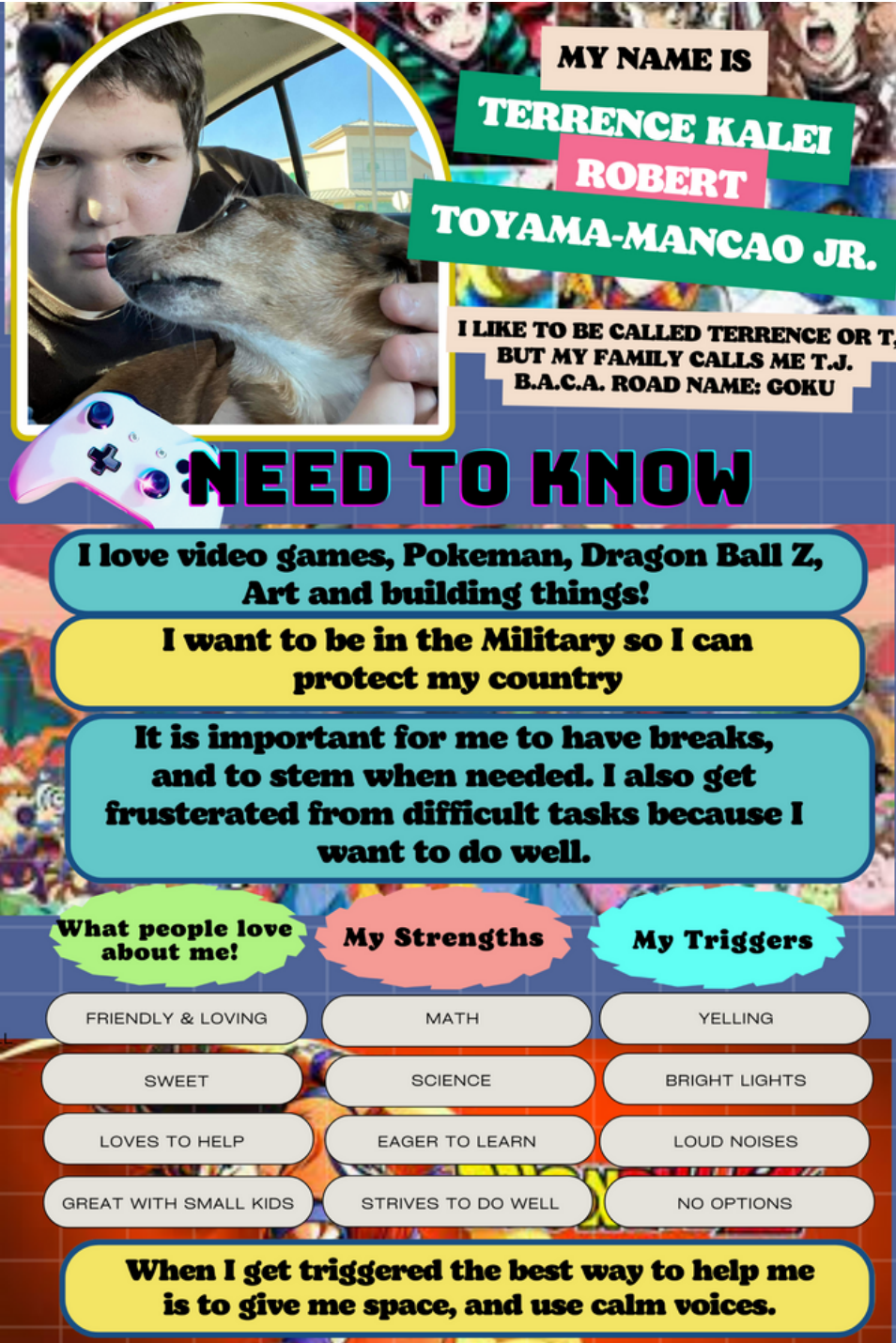
It highlights her

- Strengths
- Struggles
- Dislikes
- Things she loves
- Important Information



At a quick glance you  
you see what interest  
Terrance and learn  
fun facts about him.

Even with all the color  
and design this page  
quickly spells out what  
is needed to help him  
succeed and should he  
become triggered, it  
clearly shows what he  
has stated helps him.



**MY NAME IS**  
**TERRENCE KALEI**  
**ROBERT**  
**TOYAMA-MANCAO JR.**

**I LIKE TO BE CALLED TERRENCE OR T,  
BUT MY FAMILY CALLS ME T.J.  
B.A.C.A. ROAD NAME: GOKU**

**NEED TO KNOW**

**I love video games, Pokeman, Dragon Ball Z,  
Art and building things!**

**I want to be in the Military so I can  
protect my country**

**It is important for me to have breaks,  
and to stem when needed. I also get  
frustrated from difficult tasks because I  
want to do well.**

<b>What people love about me!</b>	<b>My Strengths</b>	<b>My Triggers</b>
FRIENDLY & LOVING	MATH	YELLING
SWEET	SCIENCE	BRIGHT LIGHTS
LOVES TO HELP	EAGER TO LEARN	LOUD NOISES
GREAT WITH SMALL KIDS	STRIVES TO DO WELL	NO OPTIONS

**When I get triggered the best way to help me  
is to give me space, and use calm voices.**

**TERRI KINDER**  
REGIONAL COORDINATOR

**ABOUT ME**  
I have been with Oklahoma Family Network (OFN), as the Western Regional Coordinator since 2015. I help to navigate resources and provide support, training & advocacy opportunities to families who have a child, or children, with any kind of disability, medical condition, & mental or behavioral health diagnosis.

**FAMILY**  
Spouse- Jon  
Trevin - 22  
Teryn-19  
Taygen-13

**CONTACT**  
• TERRI-KINDER@OKLAHOMAFAMILYNETWORK.ORG  
• 580-467-2279

**MY EXPERTISE**  
ADVOCACY  
NAVIGATING RESOURCES  
FAMILY SUPPORT

*Meet the*  
**Teacher**

**About Me:**  
Hello there! My name is Lela Smith. I have been a teacher for 12 years and I have been working as a 4th grade teacher for 7 years. I love history and I am very happy to help students understand this lesson.

**Fun Facts:**

- my favorite color is blue
- I love to read, especially novels.
- I love traveling, nature and the sea.
- I have a dog named Denna
- I love handball

**Contact:**  
lela@mrsgreen.com  
555 55 55

*Estelle Darcy*

Born: November 3rd, 2020  
Weight: 8 ounces  
Favourite food: Mushed peas

Favourite Colour: Green  
Favourite Toy: Pimkie the pig  
Favourite Movie: Encanto

**ALL ABOUT ME**

You can be as creative or simple as you wish to be as long as the information is there that will be needed to support the person the best.

# ONE PAGER



## LIFECOURSE PORTFOLIO | EXPLORING

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WHAT PEOPLE LIKE AND ADMIRE ABOUT ME:

WHAT'S IMPORTANT TO ME:

HOW TO BEST SUPPORT ME:



Developed by the Charting the LifeCourse Nexus - [LifeCourseTools.com](http://LifeCourseTools.com)  
© 2020 Curators of the University of Missouri | UMKC IHD • March 2020



# Oklahoma Family Network Training Evaluation

Scan Me



<https://forms.gle/2L2kk74rzwug2vsw6>



We value your input please scan the QR Code or go online to complete the short evaluation.

If you would like to receive electronic copies of the OFN Care Notebook Pages, one-to-one assistance developing a notebook, or more information about OFN please visit:

**oklahomafamilynetwork.org**

or call

877-871-5072

or 405-271-5072

The development of this training was funded by: The US Department of Health and Human Services Health Resources and Services Administration Maternal Child Health Bureau Family-to-Family Health Information Center Grant.





## *Understanding Your Care Notebook...*

### *What is a Care Notebook?*

A Care notebook is an organizational tool for maintaining personal and medical information in one central location. This Care Notebook has been designed with collaboration by OFN for families of children and youth with special health care needs and disabilities; as well as mental and behavioral health concerns.

### *How can a Care Notebook help me?*

In caring for your child/youth, you may get information and paperwork from many sources. A Care Notebook helps you organize the most important information in a central place and makes it easier for you to find and share key information with others who are part of your child or youth's care team.

### *About your Care Notebook*

Create it with your child in mind. This binder contains only a basic selection of our Care Notebook documents that you might need to customize your notebook. You can download additional documents from our website. See the Table of Contents for a complete listing of all our documents.

*Please contact us if you have any questions. We're happy to assist you.*

## **Scan to Learn More**



**oklahomafamilynetwork.org**

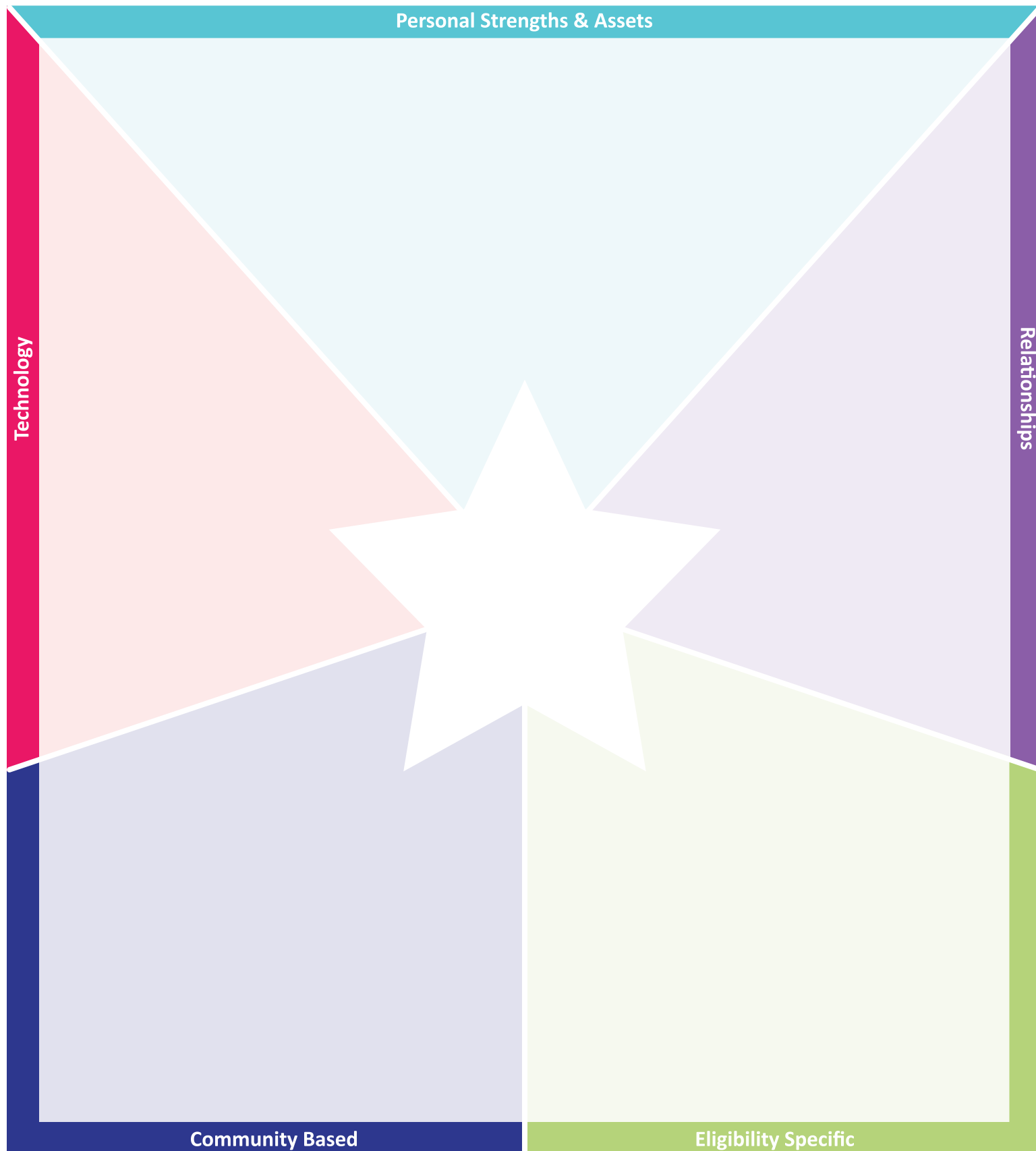


**405.271.5072 or 877.871.5072**



**information@oklahomafamilynetwork.org**





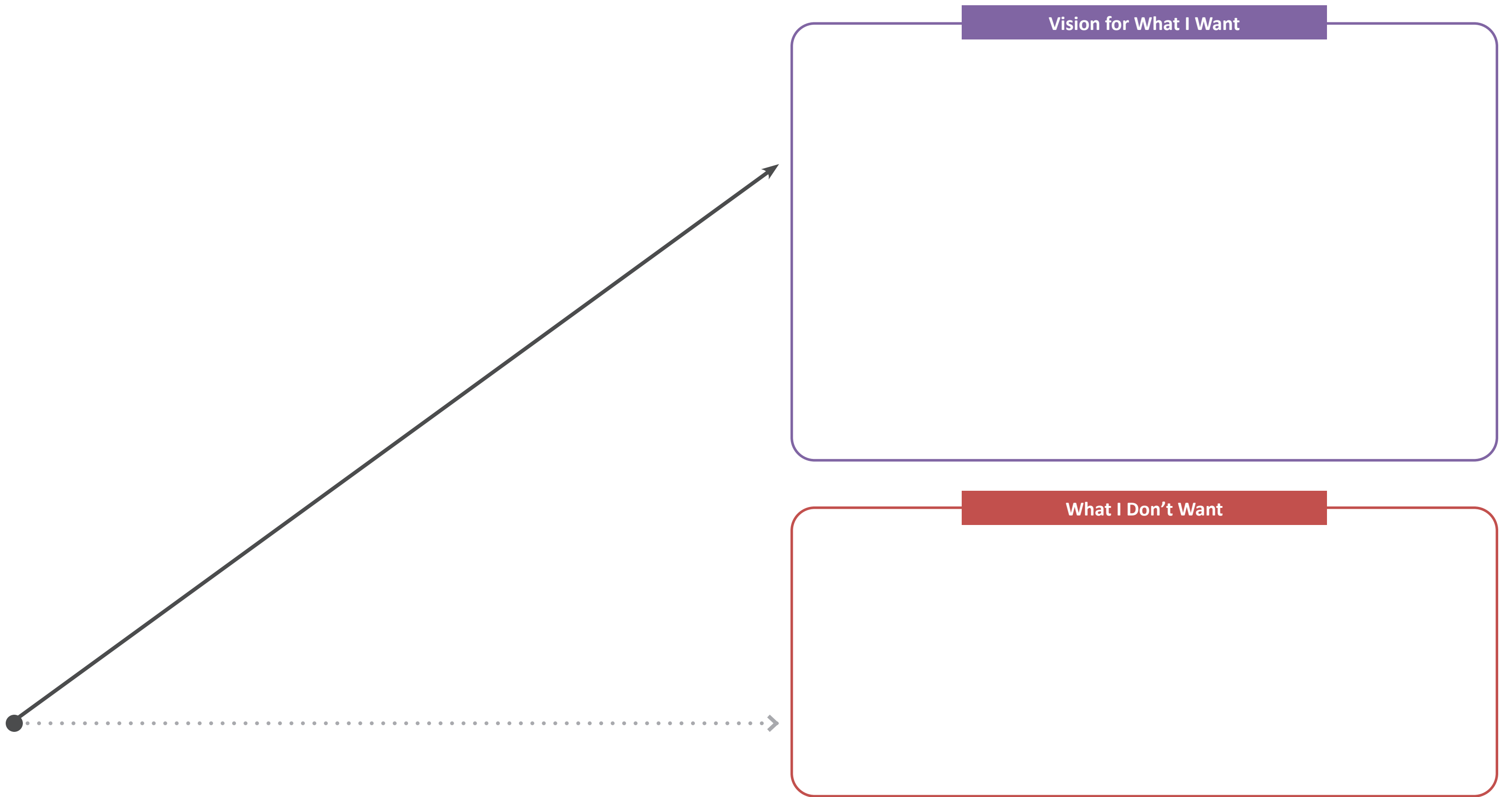
NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WHAT PEOPLE LIKE AND ADMIRE ABOUT ME:

WHAT'S IMPORTANT TO ME:

HOW TO BEST SUPPORT ME:

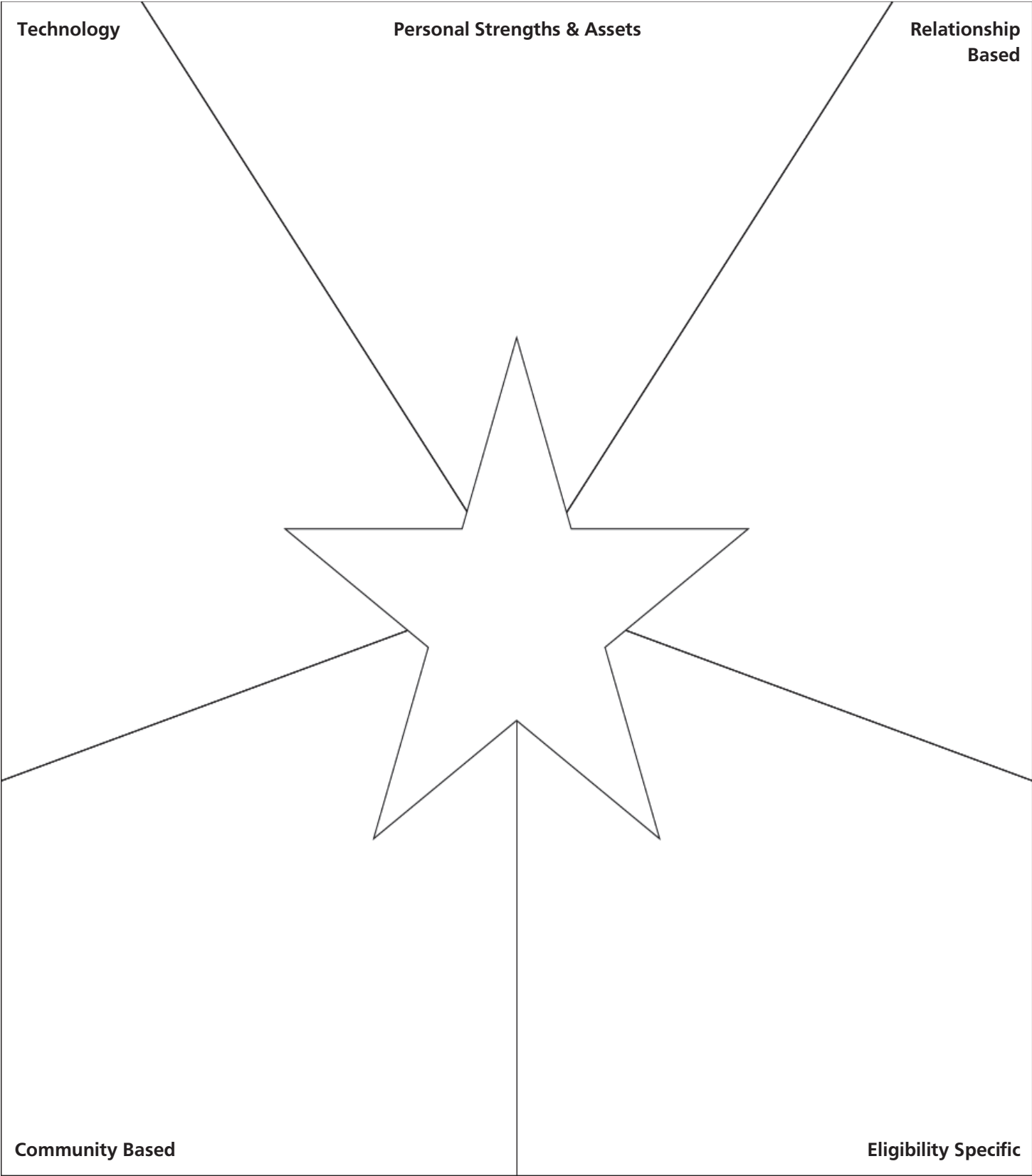






# Integrated Services and Supports

People need supports to lead good lives. Using a combination of lots of different kinds of support helps to plot a trajectory toward an inclusive, quality, community life. This tool will help families and individuals think about how to work in partnership to support their vision for a good life.



Access the LifeCourse framework and tools at [lifecoursetools.com](http://lifecoursetools.com)



# My LifeCourse Portfolio

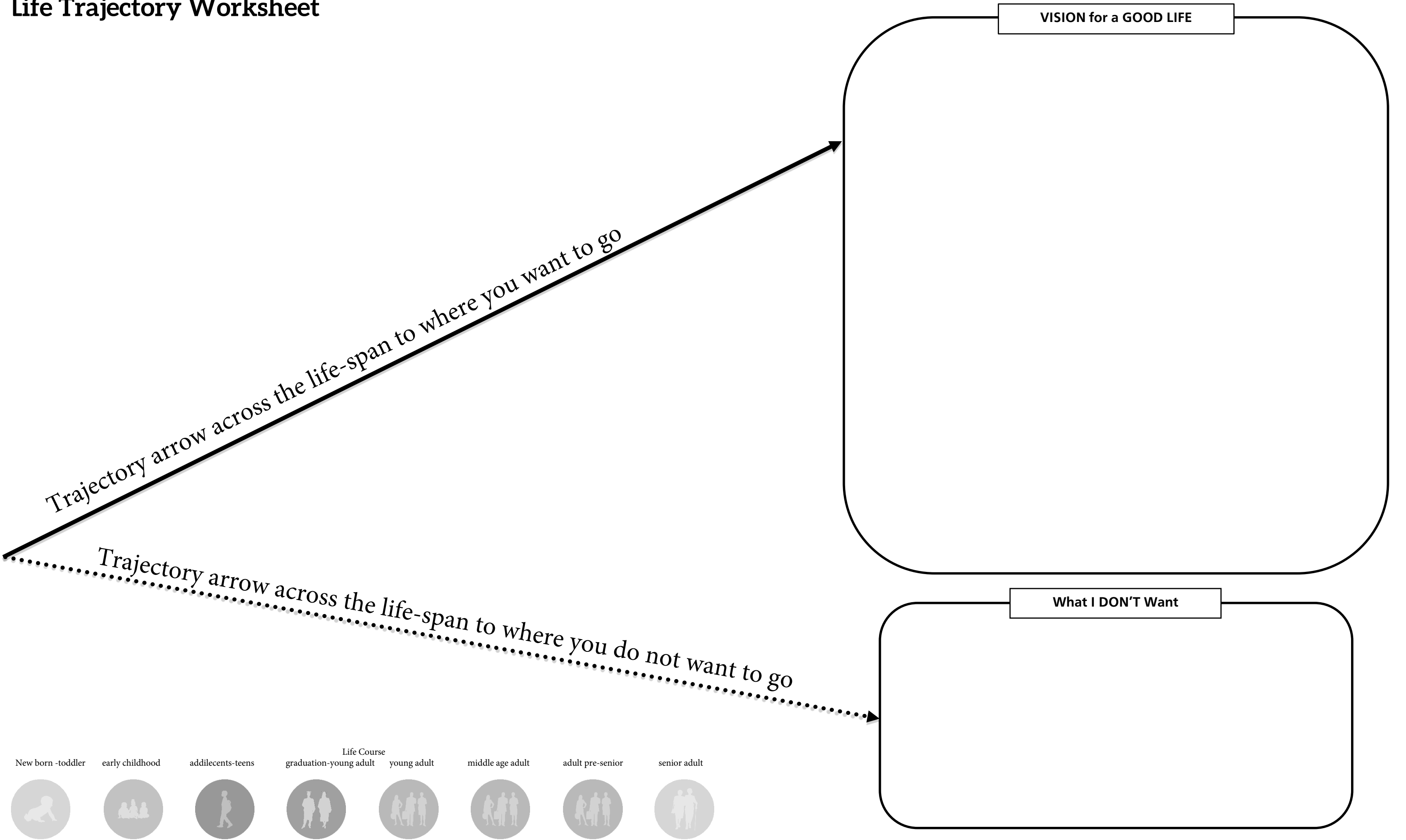
's ONE-PAGE PROFILE

What people like & admire about me

What's Important to ME

How to Best Support ME

# Life Trajectory Worksheet



# Care Notebook Documents

Allergy Log  
Appointment Log \*  
Behavior Event Log \*  
Blood Pressure Tracking  
Blood Sugar Tracker  
Calendar \*  
Care Schedule  
Childcare Respite and Babysitter Contacts  
Child's Development History \*  
Communication Log  
Daily Medication Tracking\*  
Dental Care  
Diet Tracking  
Early Intervention  
Emergency Plan  
Equipment and Supplies  
Evaluations \*  
Getting to Know Me \*  
Growth Tracker \*  
Healthcare Providers \*  
Home Visitor Log  
Hospital and Clinic Information  
Hospitalizations  
How My Day Went \*  
In Case of Emergency  
Insurance Information \*  
Journal \*  
Lab Work Tests and Procedures \*  
Medications List  
Notes \*  
Out-of-Pocket Expenses  
Pharmacy Information \*  
Phone Call Log \*  
Portable Medical Summary (2 Pages) \*  
School Information \*  
Seizure Record  
Therapists  
Tips to Care for Me \*  
Vaccination Record \*

All Care Notebook documents are available on our website [www.oklahomafamilynetwork.org](http://www.oklahomafamilynetwork.org)

*\*Indicates documents that are in the Basic Care Notebook*

Care Notebook Documents

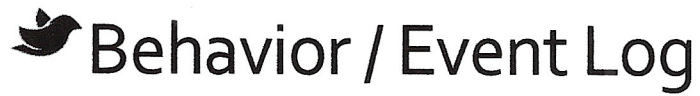
For more copies call 405-271-5072 or 877-871-5072

or visit [www.oklahomafamilynetwork.org](http://www.oklahomafamilynetwork.org)

8/18



[illegible]



This log is to help keep track of behaviors, or events (seizures, meltdowns, etc.)

Name

[illegible]



# Calendar

Month

Year

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

# Child's Development History

It is Important to keep a record of many of your child's 'firsts.' This may help your doctor determine a diagnosis for your child and have a better idea of their developmental history.

Name:		
Skill:	Age:	Notes:
Smiled:		
Held Up Head:		
Rolled Over:		
Sat Up:		
Got First Tooth:		
Started Solid Food:		
Crawled:		
Spoke First Word:		
Waved "Bye-Bye":		
Walked:		
Spoke First Sentence:		
Toilet Trained:		
Played with Others		
Shared Toys:		
Other:		
Other:		
Other:		
Other:		
Other:		



# Daily Medication Tracking

Name \_\_\_\_\_

Medication								
Date								
Dosage								
How Often								
Note								
Time 12:00 AM								
1:00 AM								
2:00 AM								
3:00 AM								
4:00 AM								
5:00 AM								
6:00 AM								
7:00 AM								
8:00 AM								
9:00 AM								
10:00 AM								
11:00 AM								
12:00 PM								
1:00 PM								
2:00 PM								
3:00 PM								
4:00 PM								
5:00 PM								
6:00 PM								
7:00 PM								
8:00 PM								
9:00 PM								
10:00 PM								
11:00 PM								

[illegible]

**For more copies call 405-271-5072 or 877-871-5072**

8/18

# Getting to Know Me

My Name	Nickname
Date of Birth	Today's Date
A Little About Me	
My Strengths (Things that are easy for me)	
My Challenges (Communication, feeding, learning, mobility, social, energy, behavior)	
My Life in the Community (School, Childcare, place of worship, my favorite places)	
Ways That Are Helpful to Me	
Things to Avoid (food, Activities, and procedures)	
My Equipment / Assistive Technology	
Other	



[illegible]



# Healthcare Providers

List contact information for different providers being used, including doctors, specialists, dentist, dietitians, etc.

Care Provider	
Name	
Phone	
Fax	
Start date	
End date	
Address	
E-mail	
Website	

Care Provider	
Name	
Phone	
Fax	
Start date	
End date	
Address	
Email	
Website	

Care Provider	
Name	
Phone	
Fax	
Start date	
End date	
Address	
Email	
Website	

Care Provider	
Name	
Phone	
Fax	
Start date	
End date	
Address	
Email	
Website	

# How My Day Went

*My Mood Today Was*

Happy	Loud	Rowdy	Energetic	"Stemy"	Giggly	Funny
Sad	Weepy	Defiant	Calm	Sleepy	Spacey	Anxious
Scared	Nervous	Other _____				

*My Activities*

Today I went to \_\_\_\_\_

How I did \_\_\_\_\_

*Today I Ate*

Breakfast

All	Most	Some	None
-----	------	------	------

Lunch

All	Most	Some	None
-----	------	------	------

Dinner

All	Most	Some	None
-----	------	------	------

I had a snack at \_\_\_\_\_

I drank \_\_\_\_\_

*Toilet*

Diapers	Urine How Many?	Bowel Movement How Many?	Hard	Soft
Toilet	Urine How Many?	Bowel Movement How Many?	Hard	Soft

Accidents \_\_\_\_\_

*Medication and Supplements*

I took my Medication

Very Well	Not at All	Some, but probably didn't get the full dose
-----------	------------	---

I Still Need to Take \_\_\_\_\_

*Notes About My Day*

# Insurance Information

Insurance Name \_\_\_\_\_

Policy/Identification  
Number \_\_\_\_\_

Group  
Number \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Insurance Name \_\_\_\_\_

Policy/Identification  
Number \_\_\_\_\_

Group  
Number \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Insurance Name \_\_\_\_\_

Policy/Identification  
Number \_\_\_\_\_

Group  
Number \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Other Name \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Insurance Information

For more copies, call 405-271-5072 or 877-871-5072

or visit [www.oklahomafamilynetwork.org](http://www.oklahomafamilynetwork.org)

8/18



# Journal

[illegible]

[illegible]

Lab Work, Test, and Procedures  
For more copies call 405-271-5072 or 877-871-5072  
or visit [www.oklahomafamilynetwork.org](http://www.oklahomafamilynetwork.org)  
8/18



# Notes

[illegible]

# Pharmacy Information

Pharmacy	
Hours/Days Open	
Drive thru?	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
Address	
Phone	
Fax	
Email	
Website	

Pharmacy	
Hours/Days Open	
Drive thru?	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
Address	
Phone	
Fax	
Email	
Website	

Pharmacy	
Hours/Days Open	
Drive thru?	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
Address	
Phone	
Fax	
Email	
Website	

Pharmacy	
Hours/Days Open	
Drive thru?	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
Address	
Phone	
Fax	
Email	
Website	



# Phone Call Log

Date/Time	Caller Name and Phone Number	Reason for Call	Result of Call





# PORTABLE MEDICAL SUMMARY

NAME \_\_\_\_-

NAME	BIRTH DATE
ADDRESS	PARENT/GUARDIAN
	HOME/WORK PHONE
PRIMARY LANGUAGE	EMERGENCY CONTACT
	PHONE NUMBER(S)
PERTINENT PERSONAL CHARACTERISTICS	

MEDICATIONS		REACTIONS	
DAILY Rx	MONTHLY Rx	Allergies	
Rx PRN		HERBS/SUPPLEMENTS	
OXYGEN YES____ NO____ QUANTITY _____			
IMMUNIZATIONS UP TO DATE YES____ NO____		IMMUNIZATION RECORD (PLEASE ATTACH)	

PRIMARY DIAGNOSIS	AGE AT TIME OF DIAGNOSIS
OTHER DIAGNOSIS	

Hospitalizations/Surgeries/Procedures	Date	Hospital Name	Physician

BASELINE VITALS	BASELINE NEUROLOGICAL STATUS
RESPIRATIONS_____ TEMP_____	
O2_____ PULSE_____ BP_____/_____	

**BASELINE FINDINGS**

COMMON PRESENTING PROBLEMS	TREATMENT CONSIDERATIONS
1.	1.
2.	2.

PRIMARY CARE PHYSICIAN	EMERGENCY PHONE
	FAX
OTHER PHYSICIAN	OTHER PHYSICIAN
EMERGENCY PHONE	EMERGENCY PHONE
FAX	FAX
OTHER PHYSICIAN	OTHER PHYSICIAN
EMERGENCY PHONE	EMERGENCY PHONE
FAX	FAX

MEDICAL EQUIPMENT	MEDICAL SUPPLIES	PROVIDER	CONTACT INFO

SERVICES CURRENTLY RECEIVING	PROVIDER CONTACT INFO

HEALTH INSURANCE PRIMARY	HEALTH INSURANCE SECONDARY
NAME	NAME
PHONE	PHONE

**OTHER COMMENTS**

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature Primary Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

# School Information

School / Preschool \_\_\_\_\_

Start Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Web Site \_\_\_\_\_

School Nurse \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Contact Person / Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Contact Person / Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Contact Person / Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

# Tips to Care for Me

My Morning Routine
Meal times
Breakfast
Lunch
Dinner
Snacks
Other Tips
Homework/School Routines
Bathroom/Bath Time Routines
Bedtime Routine
Medication/Supplements
When I Am Upset, You Can Help Me by



# STATE OF OKLAHOMA OFFICIAL VACCINATION RECORD



Immunization Service  
Oklahoma State  
Department of Health

## PARENTS

- **SAVE THIS RECORD!** You will need it to enroll your child in child care and school.
- Keep this record in a **safe place**.
- **ALWAYS** take it to any type of health care visit.
- If you think your child is **"too sick to get a shot"** your child probably needs to see the doctor anyway.
- **YES!** Your baby's immune system can handle several shots at the same time.

**QUESTIONS? 1.800.234.6196**

## HEALTH CARE PROVIDERS:

Record combination vaccines in the rows for each antigen.

**IF YOU FIND THIS CARD,  
PLEASE SEND IT TO:**

Immunization Service  
Oklahoma State Dept. of Health  
1000 NE 10<sup>TH</sup> Street  
Oklahoma City, OK 73117-1207

Child's  
Name: \_\_\_\_\_

Date  
of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Vaccine Name	Dose & Date Given	Given By
DTaP	1	
	2	
	3	
	4	
	5	
DT	1	
	2	
	3	
Td	1	
	2	
Tdap (5DTaP, 1 Tdap)	1	
	2	
Rotavirus	1	
	2	
	3	
Pneumococcal	1	
	2	
	3	
Meningococcal	1	
	2	
Influenza	1	
	2	
MMR	1	
	2	
Hib	1	
	2	
	3	
Polio	1	
	2	
	3	
	4	
Varicella	1	
	2	
HepB	1	
	2	
	3	
HepA	1	
	2	
HPV*	1	
	<15yrs = 2 doses	2
	≥15yrs = 3 doses	3

**MEDICAL NOTES** (i.e. allergies, vaccines, reactions, etc.)

The Oklahoma State Department of Health (OSDH) is an equal opportunity employer and provider. This publication, issued by the OSDH, was authorized by Terry L. Cline, PhD, Commissioner of Health, Secretary of Health and Human Services. A digital file has been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. Copies have not been printed but are available for download at [www.health.ok.gov](http://www.health.ok.gov). | June 2017 | 160111S