

Individual Plan of Care for Camper with Special Health Care Needs

This is to ensure appropriate care for our campers and maximize the availability of a great experience for the widest range of camper abilities possible. Examples may include: allergies, sensory concerns, fragilities, preventative measures, triggers, interventions, and emergency responses.

Camper Name: _____ Date of Birth: ____/____/____

Please circle and explain all that apply or circle N/A

Allergies: _____ N/A

Dietary Needs: _____ N/A

Visual Impairments: _____ N/A

Dental/Oral Implants: _____ N/A

Chronic Illness: _____ N/A

Cognitive Difference: _____ N/A

Mental Health Diagnosis or Emotional Obstacle: _____ N/A

Developmental Delay: _____ N/A

Other Diagnosis: _____ N/A

Plan of Care: _____ N/A

including administering medication(s) _____
and avoidance of _____

Other Relevant Information: (e.g., precautions to prevent a medical or other emergency, possible triggers)

Please check here to be contacted prior to camp by the ____ Camp Director ____ Medical Director
By phone _____ or email _____

Parent/Guardian Signature Parent/Guardian Name (PRINT) Date ____/____/____

This form meets the requirements for the State of Connecticut Office of Early Childhood regulation Section 19a-428-3 to ensure that Heads Up! Hartford staff are aware of the associated care for campers with special health needs listed above.

Signatures of Staff responsible for the camper (HUH use only; additional signatures on back as needed)

Printed Name	Signature	Date Signed
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____