

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)

During the course of the week at Heads Up! Hartford, the teens engage in a great deal of small group discussion that often results in significant self-reflection. If your child has been involved in psychological treatment or has been struggling with serious emotional issues that may make them more vulnerable, we suggest that you contact us for a confidential discussion with our psychologist to determine if this is the opportune time for them to come to camp.

Please check to be contacted prior to camp by Camp Director by phone _____ or email _____

Parent/Guardian Signature _____

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

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

Printed Name

Signature

Date Signed
