

Individual Plan of Care for a Child With Special Health Care Needs or Disabilities

An individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the camp.

Child's Name: _____ Date of Birth ____/____/____

Does your child need an individual Plan of Care? Yes / No (if no, skip this form)

If yes, complete this form:

Please explain special health care need(s), mental health concern(s), or disability(ies) including diagnosis(es) and history:

When special concerns or medical emergencies arise, what plan should be implemented? If condition(s) are self-managed, please indicate.

Other relevant information (e.g. possible triggers, precautions to be taken to prevent a medical or other emergency):

Printed Name(s) of Parent/Guardian(s):	Signature(s) of the Parent/Guardian(s):	Date Signed:
_____	_____	____/____/____
_____	_____	____/____/____

I have concerns about my child's participation and wish to be contacted by the Camp Director by phone _____ or email _____

NOTE: Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

Staff responsible for the care of this child are required to sign the reverse side.