

**INDIVIDUAL PLAN OF CARE
FOR CHILDREN WITH SPECIAL
HEALTH CARE NEEDS OR DISABILITIES**

This is a required supplemental form to the authorization for the administration of medicine by camp personnel form. This form is to be completed for any participant who has any health care needs, disabilities and/or submits an authorization for the administration of medicine by camp personnel form. This form must be completed for each health care need or disability. This form is to be completed by the child's Health Care Provider & Parent/ Guardian.

Name of Child: _____ **Date of Birth:** ____/____/____

Special Health Care Need or Disability: _____

Plan for appropriate care of the child in a medical emergency: 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 youth camp.

Plan Notes: _____

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

In the event of an emergency, please provide contact in the order you wish for them to be contacted.

NOTE: In special circumstances, 9-1-1 may be called first:

CONTACT 1

Name: _____ **Relationship to Child:** _____
Cell Phone: _____ **Work Phone:** _____ **Home Phone:** _____

CONTACT 2

Name: _____ **Relationship to Child:** _____
Cell Phone: _____ **Work Phone:** _____ **Home Phone:** _____

CONTACT 3

Name: _____ **Relationship to Child:** _____
Cell Phone: _____ **Work Phone:** _____ **Home Phone:** _____

