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.

ame of Child:	Date of Birth:	/
pecial Health Care Need or D	visability:	
		individual Plan of Care is necessary when a child ial care be taken or provided while the child is at
Plan Notes:		
<u></u>		
		
Other relevent informe	otion. (o.g. procesutions to be taken to	a prevent a medical or other americans.
Other relevant informa	mon: (e.g. precautions to be taken to	o prevent a medical or other emergency):
<u></u>		
n the event of an emergency, p OTE: In special circumstanc	please provide contact in the order yees, 9-1-1 may be called first:	ou wish for them to be contacted.
CONTACT 1		
	=	Child:
Cell Phone:	Work Phone:	Home Phone:
CONTACT 2		
Name:	Relationship to	Child:
		Home Phone:
CONTACT 3		
· · · · · · · · · · · · · · · · · · ·	Relationship to Child:	
Cell Phone:	Work Phone:	Home Phone:

Health Care Provider Approved Plan: \square YES \square NO)	
Signature:	Date:/	
Parent/ Guardian Approved Plan: ☐ YES ☐ NO		
Signature:	Date:/	
Director of First Aid Consultant Approved Plan: ☐ YES		
Signature:	Date:/	
NOTE: Section 428-3(a) requires a child's health record to such as allergies, special dietary needs, dental problems, het history of contagious disease, and an individual plan of care be developed with the child's parent(s) and health care prove appropriate care of the camper in the event of a medical or of for the care of the camper.	aring or visual impairments, chronic il for the child with special health care n ider and updated as necessary. Such pi	lness, developmental variations or needs or disabilities. The plan shall lan of care shall include v the parent(s) and staff responsible
(FOR CAME	STAFF USE ONLY)	
Below are the signatures of the staff trained and respon	sible for (camper name):	
PRINTED NAME	SIGNATURE	DATE