Individual Plan of Care for Campers with Special Health Needs

This form meets the requirements for the State of Connecticut Office of Early Childhood regulation Section 19a-428-3 to ensure that Indian Rock Summer Camp staff are aware of the associated care for campers with special health needs. This to ensure appropriate care for our campers and maximize the availability of a great summer camp experience of enjoying nature for the widest range of childhood abilities possible. This is **not** required just because a child takes medication or has a specific diagnosis, only if camp staff need to be aware of *special* care they may need. Examples might include allergies, sensory issues, fragilities, preventative measures, triggers, interventions, emergency responses.

Child’s first and last name: ________________________________

Allergies: ____________________________________________

Dietary Needs: ________________________________________

Visual Impairments: __________________________________

Hearing Impairments: _________________________________

Dental / Oral Impairments: _____________________________

Chronic Illness: ______________________________________

Cognitive Issue: ______________________________________

Emotional Issue: ______________________________________

Developmental Issue: _________________________________

Other Diagnosis: ______________________________________

Plan of care: _________________________________________

____________________________________________________

____________________________________________________

including avoidance of __________________________________

and administering medication(s) _______________________

Check here to be contacted by the _____ Camp Director _____ Medical Director

By phone __________________________ or email ______________________

__________________________ ____________________________
Parent / Guardian Signature Date

(staff signatures on reverse)