

**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)

Staff Signatures

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date

Printed Name Signature Date