Environmental Learning Centers of Connecticut, Inc.

Indian Rock Summer Camp Individual Plan of Care for Campers with Special Health Care Needs or Disabilities

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 care needs or disabilities. This plan is to ensure appropriate care for your camper when special care needs to be taken or provided while your child is at camp. This is not required just because a child takes medication or has a specific diagnosis, only if camp staff need to be aware of the special care they may need. Examples might include allergies, sensory issues, fragilities, preventative measures, triggers, interventions, emergency responses.

Child's first & last name:_____

My child has an allergy(s) to_____.

The plan of care is:

 ____ Avoidance

 ____ Medication as ordered. Please include the Authorization for the Administration of Medication form.

 ____ Other, please specify:

_____

_____

My child has special dietary needs.

The plan of care is:_____

_____

_____

My child has a visual/hearing/oral impairment

The plan of care is:_____

_____

_____

My child has a chronic illness/diagnosis of:_____

The plan of care is:

____ Medication as ordered. Please include the Authorization for the Administration of Medication form.

____ Other, please specify: _____

_____

_____

My child has cognitive, emotional and/or physical developmental needs or has a learning disability related to the diagnosis(s) of:_____-

The plan of care is:

____ Medication as ordered. Please include the Authorization for the Administration of Medication form.

____ Other, please specify: _____

_____

_____

My child has a behavioral concern.

The plan of care is:_____

_____

_____

Check here to be contacted by the _____ Camp Director _____ Director of First Aid

By phone _____or email_____

_____   _____

Parent / Guardian Signature   Date