

Individual Plan of Care for : _____

DOB: _____

Special Health Care need:

Plan for Health Care need in event of an emergency:

Care for prevention, or additional relevant information:

Signatures

Date

Parent/Guardian: _____

Camp Staff: _____

Camp Staff: _____

Camp Staff: _____

NOTE: Section 428-3(a) of the state camp license requires a child's health record to include information regarding disabilities or special health care needs such as allergies, dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities if it is necessary that special care be taken or provided while the child is at camp. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper for preventative measures and in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

This is a sample form, a form as provided by a doctor will also be accepted, such as a plan of care for an allergy/epi-pen, or inhaler.