



## Individual Plan of Care for a Child with Special Health Care Needs or Disabilities

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Special Health Needs or Disability: \_\_\_\_\_

*An Individual Care Plan is used if a camper has any special or specific care needs that will help them be successful at camp. ICP's are required for any camper who has a medical or dietary need that requires special care or action to be taken. This form must be filled out if a child has an Epi-Pen or Inhaler. If the health record of a child and/or accompanying forms documents a special health care need or disability (e.g. child has ADHD), but does not require that special care be taken or provided during the time the child is at camp, an individual plan of care is not required. These forms can be filled out by the parent/guardian.*

Actions to be taken in order: Administration of Medication forms are required for all medication including Epi-Pen.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Additional Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***Please complete, print and have signed and returned.***



**\*\*For Administrative Use Only\*\***

Signature of the staff responsible for \_\_\_\_\_ (name of child)

| <u>Print</u> | <u>Signature</u> | <u>Date Signed</u> |
|--------------|------------------|--------------------|
| _____        | _____            | ___/___/___        |
| _____        | _____            | ___/___/___        |
| _____        | _____            | ___/___/___        |
| _____        | _____            | ___/___/___        |
| _____        | _____            | ___/___/___        |
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| _____        | _____            | ___/___/___        |
| _____        | _____            | ___/___/___        |
| _____        | _____            | ___/___/___        |

Note: Section 19a-79-5a(a)(2)(E) requires a child's Health Record to include information regarding disabilities or special health care needs such as allergies, special 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. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Section 19a-79-4a(h)(2)(H)(viii) requires that the health consultant shall assist in the review of individual care plans as needed.