Individual Plan of Care for a Child

with Allergies, Special Health Care Needs, or Disabilities

Child's Name:_____ Date of Birth_____/_____/_____

Allergies to:_____

Signs & Symptoms of Allergies:_____

Plan:_____

Plan for appropriate care of the child in a medical emergency. An individual Plan of Care is necessary when a child has a special health care need or disability, and it is necessary that special care be taken or provided while the child is at the youth camp.

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

Signature(s) of the Parent/Guardian(s): Date Signed:

_____ ____/_____/_____

NOTE: Section 428-3(a) 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. Such plan of care shall include appropriate care of the camper 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.

Please use next pages of this form for signature(s) of all staff responsible for the care of this child.

Printed Name Signature Date Signed	Printed Name Signature Date Signed

Printed Name Signature Date Signed	Printed Name Signature Date Signed