Individual Plan of Care for a Child

With Special Health Care Needs or Disabilities

Child's Name:	Date of Birth/
Special health care need or disability	<i>r</i> :
	d in a medical emergency. An individual Plan of Care is necessary re need or disability and it is necessary that special care be taken or uth camp.
Other relevant information: (e.g. pre	ecautions to be taken to prevent a medical or other emergency)
Signature(s) of the Parent(s):	Date Signed:
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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 the reverse side of this form for signature(s) of all staff responsible for the care of this child.