



# INDIVIDUAL PLAN OF CARE

Child's Name

Last

First

Middle Initial

Date of Birth

Special health care need or disability:

Plan for appropriate care of the child in a medical emergency:

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

Parent/Guardian Signature

Date Signed

Physician Signature

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), physician, and staff responsible for the care of the camper.

SIGNATURE OF THE STAFF RESPONSIBLE FOR:

			Name of Child		
Printed Name	Signature	Date Signed	Printed Name	Signature	Date Signed