Individual Plan of Care for a Camper With Special Health Care Needs or Disabilities

INal	me:	Date of Birth/
Speci	al health care need or disability Pla	an:
	Allergies:	
	Developmental variations:	
	Behavioral needs:	
	Special dietary needs Hearing or visual impairments	 □ Chronic illness (Asthma, diabetes, or ect.) □ Dental
Explair	n camper's health care	
need:_		
Other	relevant information: (e.g. precautio	ns to be taken to prevent a medical or other emergency)
	If Child comes in contact with allergen: I	Follow Medical Administration Orders
Parent	Signature:	//////

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.

All staff overseeing camper signatures' with dates:

	/_	_/				
						
	/	_/				
/						
	1	1				
	'					
	/_	_/				
	,	,				
	/	_/				
/						
For office use only:						
Medical Administration Form						
☐ Orders are specific (PRN is a single hour not timeframe (i.e. "4-5 hr.") and "as needed"						
			the medication should be administered.)			
☐ Symptoms are clearly stated						
☐ Doctor signature and date						
☐ Parent checked off med administration box						
☐ Parent's signature and date						
T arent's signature and date	•					
Medication:						
☐ Pharmacy label						
☐ Has campers name						
☐ Date filled						
☐ Rx number						
□ Address						
☐ Matches Medical Administra	otion F					
□ Matches Medical Administra	ation F	OIIII				
■ Non-made: physical states madic	ration is	habaan s				
Non-meds: physical states medication is needed. Destar's orders or letter station the company periods the medication described on						
□ Doctor's orders or letter stating the camper no longer needs the medication described on physical.						
☐ Doctor's orders or physical states medication is taking at home.						
☐ Camper's physical states no	o medio	cation is ne	eded			
		·				