Summer Place Individual Plan of Care for a Child

With Special Health Care Needs or Disabilities

Child's Name: _____

Date of Birth: _____

Sessions child is enrolled at Summer Place:

Grade level: 1-2 grades____ 3-4 grades____ 5-9 grades____

Special health care need or disability:

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 Summer Place.

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

Signature(s) of parent(s) or guardian: Date Signed:

_____ _____/_____/_____

_____ _____/_____/_____

NOTE: Section 423-3(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.