Special Health Needs Plan of Care 2026

Camper Name: _____

** This form is required for **ALL** campers. It is used to identify campers who require a plan of care to maintain health and maximize participation in the camp program. (If more room is needs please attach additional sheets or provide the doctor's plan of care.) **

☐ My child **DOES NOT** require any plan of care for special health need. Please sign on page 2.

☐ My child requires a plan(s) of care for a special health need(s). Please complete the section(s) below and sign on page 2.

Please check all that apply and complete applicable sections and sign and date the form:

☐ My child has an allergy(s) to_____.
- The plan of care is:
  - ____ Avoidance
  - ____ Medication as ordered. Please include *Authorization for the Administration of Medication* form.
  - ____ Other, please specify: _____

☐ My child requires medication for treatment of_____.
- Please include *Authorization for the Administration of Medication* form.

☐ My child has special dietary needs.
- The plan of care is

_____
_____
_____

☐ My child is visually impaired.
- The plan of care is

_____
_____
_____

☐ My child is hearing impaired.
- The plan of care is

_____
_____
_____

☐ My child has dental/oral impairments.
- The plan of care is

_____
_____
_____

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Camper Name: _____

☐ My child has a chronic illness/diagnosis of:

- The plan of care is

_____
_____
_____

☐ My child has cognitive, emotional and/or physical developmental needs or has a learning disability related to the diagnosis(s) of:

- The plan of care is

_____
_____
_____

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☐ I have reviewed the plan(s) of care with my child's physician.

☐ I will send in the Doctor's plan(s) of care.

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☐ Check here to be contacted by the Camp Nurse or Camp Director to further discuss and plan for the needs of your child. Please provide contact details below:

Name:_____ Phone:_____

Email:_____

_____	_____
Parent/Guardian Signature	Date

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.