

SILVER LAKE

Camp & Retreat Center

Individual Plan of Care/Action Plan

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 youth camp.

If your camper has any of the following health care needs, you will need to submit a Plan of Care/Action Plan. This will give us the information we need to provide the best care for our campers.

Health care needs include, but are not limited to: allergies, asthma, inhaler, epi-pen, school IEP, other behaviors or family situations camp staff should be aware of.

Camper Name: _____ Date of Birth: ____/____/____

Health care need or disability:

Plan of Care/Action Plan of the camper during a medical emergency:

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

Signature(s) of the Parent/Guardian(s):

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) 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 camper.

