Regional YMCA of Western Connecticut
Camp Greenknoll

Individual Plan of Care for a Child with Special Health Care Needs or Disabilities

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____

Phone_____

Special Health Needs or Disability: _____

Plan for appropriate care of the child in a medical or other 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 child care program.

Actions to be taken in order: Administration of Medication forms are required for all medication including Epi-Pen.

1. _____

2. _____

3. _____

4. _____

5. _____

Additional Instruction:

_____

_____

_____

_____

_____

_____

Signature of Parent/Guardian: _____ Date: ____/____/_____

Signature of Physician: _____ Date: ____/_____/_____

Please complete, print and have signed and returned.

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Signature of the staff responsible for _____(name of child)

Print	Signature	Date Signed
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Note: Section 19a-79-5a(a)(2)(E) 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. Section 19a-79-4a(h)(2)(H)(viii) requires that the health consultant shall assist in the review of individual care plans as needed.