

INDIVIDUAL PLAN OF CARE FOR A CHILD WITH SPECIAL HEALTH CARE NEEDS OR DISABILITIES

Child's Name: _____ Date of Birth: _____

Special health care need or disability: _____

Plan for appropriate care of 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 Nutmeg.

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

 Parent A/Guardian Name (*PLEASE PRINT*)

 Parent A/Guardian *SIGNATURE* _____/_____/_____
Date signed

 Parent B/Guardian Name (*PLEASE PRINT*)

 Parent B/Guardian Name *SIGNATURE* _____/_____/_____
Date signed

Note: Section 428-3(a) requires a child's health record to include information regarding disabilities of 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)/guardian 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)/guardian and health care provide 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)/guardian and staff responsible for the care of the camper.

Please use the reverse side of this form for signatures of all staff responsible for the care of this child.

**INDIVIDUAL PLAN OF CARE FOR A CHILD
WITH SPECIAL HEALTH CARE NEEDS OR DISABILITIES
(PERSONS CARING FOR CHILD WHILE AT NUTMEG)**

Name: _____ Signature: _____
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