



Individual Plan of Care for a Child  
with special health, social/emotional, or physical needs

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

An individual Plan of Care is necessary when a child has a special health care, social/emotional, or physical need and it is necessary that special care be taken or provided while the child is attending The Barn's Summer Camps. Any information that you can give us will help make their camp experience the best possible! We understand how important your child's privacy is and any information you give to us will be only shared with the staff per the state of Connecticut Camp License requirement.

Please explain what medical, social/emotional, or physical need we should be aware of: \_\_\_\_\_

\_\_\_\_\_

What precautions should be made to prevent a situation that will cause a physical, medical, and/or emotional distress for your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the case of a physical, medical, and or emotional reaction, please advise what steps the staff should take including self administered medications, people to call, and any other steps needed to be taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Parent: \_\_\_\_\_

Parent Signature: \_\_\_\_\_/\_\_\_\_/\_\_\_\_

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 a 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 child.

Signature of the staff responsible for \_\_\_\_\_ (name of child)

