



INDIVIDUAL PLAN OF CARE FOR A CHILD – Connecticut Camps

To be completed by the parent/guardian of a camper with special health care needs such as allergies, hearing or visual impairments, chronic illness, developmental variations or other disability.

Camper Name: _____ Camper Date of Birth: _____

Camp Name/Location: _____

Special Health Care Need or Disability (please explain in detail):

Plan for appropriate care of the child in a medical emergency:

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

Parent Signature: _____ Date: _____

Camp Director Signature: _____ Date: _____

Please email to forms@kecamps.com or fax to 877-829-5556.