



## 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 fax to 877.829.5556, email to [forms@kecamps.com](mailto:forms@kecamps.com) or upload to your online registration account through the Register Button at [www.kecamps.com](http://www.kecamps.com).