



INDIVIDUAL PLAN OF CARE

Please note: Project O has separate Epi-Pen and Asthma/Inhaler Plan of Care forms. This form is NOT required for Epi-Pens and Asthma/Inhalers

This form is required if a parent/guardian determines their child requires special care/accommodations while at camp. Health care needs such as allergies, special dietary needs, dental problems, hearing/visual impairments, chronic illness, developmental variations, etc. are examples that might require a Plan of Care.

NAME OF CAMPER _____

Date of Birth ___/___/___

Special health care need/accommodation: _____

Please:

1. Explain the need for your child’s Individual Plan of Care (situations that warrant special care)
2. Outline the actions necessary for appropriate care of your child in the event of an emergency
3. Other relevant information (precautions to be taken to prevent a medical or other emergency)

Physician signature is not required, however, this plan of care should be developed with the child’s health care provider. If you have questions, please call our office at 860.445.9007.

Parent(s)/Guardian Signature

Date Signed

PROJECT OCEANOLOGY STAFF: Please use the next page for signature(s) of ALL staff responsible for the care of this child. (Print form to complete and sign)

THIS PAGE IS TO BE FILLED OUT BY PROJECT OCEANOLOGY STAFF ONLY!

CHILD'S NAME _____

Project O Staff Name (printed)

Signature

Date

Project O Staff Name (printed)

Signature

Date

Project O Staff Name (printed)

Signature

Date

Project O Staff Name (printed)

Signature

Date

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