



Dear Camp Families,

Please read the below regarding CT State plans of care to see if this is something that would apply to your camper and their needs while with us at camp.

In the State of Connecticut, 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 the youth camp.

In layman's terms; we (the camp) will be doing something for your camper that we will not be doing for all of our campers. There are a wide variety of reasons why your camper might need a little tlc, and we're happy to provide it! Please help us be prepared by creating a plan for us to best care for your child.

Campers who need special care include but are not limited to: those who carry epi-pens or rescue inhalers, have a condition which requires regular visits to the health center, have anxiety or depression that is managed through specific techniques or access to a therapist, sleepwalkers, or even have general behavioral concerns.

If you're not sure if you need to submit a care plan please feel free to reach out to us so we can help you decide. You can contact Monique at MGardon@incarnationcamp.org

Thanks and happy camping!

Liam & the camp staff

Individual Plan of Care for a Child
With Special Health Care Needs or Disabilities

Parents/Guardians, please fill the form out below completely and to the best of your ability.

Camper's Name: _____

Date of Birth: ___ / ___ / _____

Special health care need or disability: (As defined by the State of Connecticut includes allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious ideas.)

Plan of Care: Please fill out as completely as possible.

Staff will take special care to ensure..... (Examples: Camper is carrying inhaler, Camper will stay away from allergen trigger, camper will take prescribed morning medication, camper will have medical id bracelet on at all times, dining will be made aware of foods to avoid, counselor with camper will carry epi-pen at all times, nursing will be kept updated on camper's condition to note any early warning signs, ETC)

Additional Comments: Please include your/your health providers recommendations for keeping your camper healthy and safe while at camp.

Signature of Parent/Guardian _____ Date _____