

INDIVIDUAL CARE PLAN

FOR CHILDREN WITH SPECIAL NEEDS



Completing this form in entirety will allow us to better serve your child. Parents whose child may require reasonable accommodations must meet with the camp director before attendance in the program may begin.

Last Name

First Name

Date

CHILD'S NAME _____ **SCHOOL** _____

First

Last

Does your child qualify to receive Special Education Services through the school? Yes No

List any specific disabilities, allergies, or special health conditions of your child: _____

Does your child have any behavior disorders? Yes No

If yes, please explain: _____

Have these conditions been diagnosed by a physician? Yes No

Does your child have heart trouble? Yes No

If yes, please explain: _____

Does your child have seizures? Yes No

If yes, please state the type, frequency, and procedures to follow during and immediately following the seizure (continue on back if needed): _____

Does your child have specific allergies? Yes No

Please state the type of allergy and specific allergens to avoid: _____

Please list any treatments used during an allergy attack: _____

Does your child have diabetes? Yes No

If yes, please list any special routines your child has: _____

Does your child use any special equipment? _____

Wheelchair Body Brace Crutches Canes Walker Hearing Aid Pacemaker Other

Does your child require any special assistance while sitting? Yes No

Does your child have any communication difficulties? Yes No

If yes, please describe the extent of difficulties and any methods used to compensate for the difficulties (ie. Sign language, speech board, lip reading): _____

Is an interpreter required? Yes No

Does your child need special supervision while swimming? _____

Does your child require any type of assistance for using the restroom? Yes No

My child requires minimal assistance. Please explain _____

My child is not able to use the restroom his/her own. Please explain: _____

Does your child require any assistance eating or drinking? Yes No

If yes, please explain: _____

Are there any dietary restrictions for your child? _____

Signature _____ Date _____

Parent/Guardian

Signature _____ Date _____

YMCA Staff