

INDIVIDUAL PLAN OF CARE

This form is required if a parent/guardian determines their child needs additional support while at camp. Examples include: Behavioral challenges, anxiety, special dietary needs, diabetes, hearing/visual/movement impairments, chronic illness, developmental variations, etc.

| NAME OF CAMPER | Date of Birth/ |
|---|--|
| Special healthcare need/additional support: | |
| | |
| Please: | |
| Explain the need for your child's Individual Plan of C Outline the actions necessary for appropriate care of Other relevant information (precautions to be taken) | of your child in the event of an emergency |
| Physician signature is not required, however, this plan care provider. If you have questions, please call our off | |
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| 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)

| Signature of the staff responsible for | | | | | (name of child) |
|--|---------------------------------------|-------------|--------------|---------------------------------------|-----------------|
| Printed Name | Signature | Date Signed | Printed Name | Signature | Date Signed |
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