

# Additional Care Needs at Camp

The Woodcock Nature Center's Summer Camp program is a State of Connecticut licensed summer camp. This certification requires us to follow strict guidelines with regards to additional care needs at camp. Additional care needs are health or related care that is beyond what is generally required by children. These may include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition (including allergies or asthma that require EpiPens, antihistamines or inhalers while attending camp).

If your child has additional care needs, every step listed below must be completed. **Your child will not be allowed to attend camp if we do not have all of the items listed below.**

## Special care needs (physical, developmental, sensory, behavioral or emotional conditions):

- Complete an **Individual Plan of Care** form (to be done by Parent/Guardian). Outline any steps to be taken in the event of a circumstance or medical emergency related to your child's special care need.
- If your child's care needs require medications to be administered at camp, follow the steps outlined below.

## Allergies, Asthma, or other conditions requiring medication at camp:

- Complete an **Individual Plan of Care** form (to be done by Parent/Guardian).
- Complete an **Authorization for Administration of Medicine** form for each individual medication. This form must be signed by the prescribing doctor and the parent.
- Allergist's plan (Allergist should provide a step by step protocol for the administration of medications in an emergency).
- All medications must have a prescription label. Medications without prescription labels will not be accepted. If you are missing a label, you can obtain one from your pharmacist.
- EpiPens: WNC requires two epi pens. The pens will be separated; one will be carried by the camper's counselor and one will remain in the first aid office. Each pen will need its own prescription label (additional labels can be obtained from your pharmacist).
- Inhalers: Each inhaler will need its own prescription label and be packed in a Ziplock bag with the child's name on it and a current photo.
- OTC Medications: All over the counter medications must be in their original packaging or will not be accepted (ie: doses in blister packs must be in original box).
- Medications will be received by Senior Staff at check in Monday morning and will be returned to Parents at check out Friday each week unless otherwise arranged. WNC will keep medications securely stored through the camp week. If your child's last day of camp will be other than Friday, it is your responsibility to let us know in advance so we can arrange to return medications to you on the appropriate day at check out.

### **If you are sending EpiPens, the following must be done in addition to instructions listed above.**

- Woodcock Nature Center requires **two** EpiPens at camp. One will stay in the office with the Director of First Aid. The other will be with your child in their counselor's backpack at all times with an icepack to keep the EpiPen within the desired temperature range of 59-86 F.
- Each EpiPen must have an original prescription label (additional labels can be obtained from your pharmacist).
- Each EpiPen needs to be placed in a Ziploc bag with your child's name on it; each with a current photograph of your child and an allergy action plan.

**Individual Plan of Care**  
**For a Child with Special Health Care Needs or Disabilities**

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.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe Special Health Care Need or Disability: \_\_\_\_\_

Outline the plan for the appropriate care of the child in a medical emergency.

(If a written plan from the parent or allergist already exists, it can be attached to this form.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other relevant information (e.g. precautions to be taken to prevent a medical or other emergency): \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian:

\_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Staff responsible for the child (for WNC use):

Printed Name

Signature

Date Signed:

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NOTE: Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history or contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

**Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel**

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

**Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_

Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug?  YES  NO

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_

Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_  None Expected

Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

School Nurse Signature (if applicable) \_\_\_\_\_

**Parent/Guardian Authorization:**

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent /Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

Parent/Guardian authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

School nurse, if applicable, approval for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

\*\*\*\*\*  
Today's Date \_\_\_\_\_ Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_

**Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**