



Campers with Special Needs

Physical, developmental, sensory, behavioral, emotional, ADHD, ASD

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 medical, physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition (including allergies or asthma that require epipens, antihistamines, inhalers or other medications 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.**

Forms required:

- **Individual Plan of Care** form (to be filled out by Parent/Guardian). Outline any steps to be taken in the event of a circumstance or emergency related to your child's special care need.
 - If your child's care needs require medications to be administered at camp, the **Authorization for Administration of Medicine** form is required for each individual medication (to be filled out by the prescribing doctor and signed by the parent.)

Medications at Camp:

- 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.
- Expired medication will not be accepted.
- All prescription medication must have a prescription label and be in the original container packed in a Ziplock bag with the child's name on it. Loose tablets or loose blister packs will not be accepted.
- 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 drop-off Monday morning and be checked for expiration dates and proper packaging. They 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.

IMPORTANT In order for your child to be admitted to camp, required forms must be provided in advance, and all medication must be properly packaged and labeled as noted above and must not be expired.



Individual Plan of Care

For a Child with physical, developmental, sensory, behavioral, emotional, ADHD, ASD

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 (i.e. behavioral strategies, Para/ABA therapist accompanying, etc.).

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:

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.)