

# YMCA of Greater Seattle

## Individual Care Plan

Plan must be updated annually or when there is a change in the child's accommodation or care needs.



Thank you for filling out this form to help us best serve your child in our Y programs. Please fill out the sections required for your child's behavior support and/or accommodation needs.

<b>SECTION 1 – REQUIRED</b>	
Child's Full Name	Today's Date
Parent's/Guardian's Name	Phone Number
Primary Health Care Provider	Phone Number
Specialist (if applicable)	Phone Number
Specialist (if applicable)	Phone Number
<b>SECTION 2 – REQUIRED FOR CHILD WITH BEHAVIORAL &amp; MEDICAL CONDITIONS (Food Allergy skip to section 3, Environmental Allergy skip to section 4)</b>	
<b>CHILD'S ACCOMODATIONS</b>	
Diagnosis, if know:	
Known Symptoms and Triggers:	
Describe activity, behavioral, or environmental modifications that are needed for the child:	
Please provide any additional information that you feel would be helpful for the YMCA team to be aware of:	
<i>For special dietary needs due to a health condition – must obtain written instructions from a child's health care provider (see page 3)</i>	

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<b>EMERGENCY RESPONSE PLAN</b>	
List the steps and procedures the staff should perform during an emergency related to your child's accommodations:	
<b>SUGGESTED TRAINING FOR STAFF</b>	
List suggested special skills training/education for the program staff:	
<b>SUPPORTING DOCUMENTATION</b>	
Please attach supporting documentation to this Individual Care Plan, including any existing individual educational plan (IEP), individual health plan (IHP), 504 plan, or individualized family service plan (IFSP). WAC 110-300-0300 and 110-301-0300 requires the provider to have supporting documentation of child's special needs provided by the child's licensed or certified:	
<ul style="list-style-type: none"> <li>(i) Physician or physician assistant</li> <li>(ii) Mental health professionals</li> <li>(iii) Educational professional</li> <li>(iv) Social worker with a bachelor's degree or higher with specialization in the individual child's needs: or</li> <li>(v) Registered nurse or advanced registered nurse practitioner</li> </ul>	

<b>SIGNATURE</b>	
Parent or Guardian Signature	Date
Y Staff Signature	Date
Health Care Provider Signature (optional)	Date
<b>This section to be completed by child's parent or guardian, if applicable:</b>	
I hereby give permission for _____ to provide services to my child at this program. (name of visiting health professional or specialist)	
Parent or Guardian Signature	Date