



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER HARTFORD
2021 Summer Camp
CAMPER AND FAMILY FORMS

Individual Care Plan

Child's Name _____ Date of Care Plan _____ to _____

Child's Date of Birth _____ Program Site (AM) _____ Program Site (PM) _____

Special Health / Behavioral Concerns

If necessary, please specify on the line provided.

Yes No

Allergies (food, medication, insects, environmental, etc.) _____

Asthma _____

Vision / Hearing / Speech (glasses, ear tubes, etc.) _____

Chronic Illness _____

Diabetes _____

Seizures _____

Dietary Needs _____

Developmental Variations _____

Emotional / Behavioral _____

History of Contagious Disease _____

Other _____

Symptoms / Medication / Process of Care

For each " Yes " answer listed above, please have the child's health care provider fill out each section below.

#1 Health Concern : _____

Symptoms : _____

On-Site Medication : Yes No _____

Steps of Care : _____

1 _____

2 _____

3 _____

4 _____

Additional Information : _____

Continued on reverse side.



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#2 Health Concern : _____
Symptoms : _____
On-Site Medication : Yes No _____
Steps of Care : _____
1 _____
2 _____
3 _____
4 _____
Additional Information : _____

#3 Health Concern : _____
Symptoms : _____
On-Site Medication : ☐ Yes ☐ No _____
Steps of Care : _____
1 _____
2 _____
3 _____
4 _____
Additional Information : _____

Health Care Provider Signature: _____ Phone : _____

Parent / Guardian Signature: _____ Date : _____

Renewal Dates: ____/____/____ - ____/____/____ Parent Initial: _____

Renewal Dates: ____/____/____ - ____/____/____ Parent Initial: _____

** For Administrative Use Only **

Staff Signature : _____ Date : _____

Staff Signature : _____ Date : _____

Staff Signature : _____ Date : _____

Staff Signature : _____ Date : _____

Staff Signature : _____ Date : _____

First Aider Review : _____ Date : _____