

INDIVIDUAL CARE PLAN



The Y wants your child to have the best experience possible. To help in this effort, we ask you to fill out this form only if there are special concerns or situations that you feel we need to know. The more detailed information and helpful "tips" you are able to give, the better prepared we are to work with your child. This information will be kept confidential. Only the director, appropriate lead staff and counselor(s) will be able to access the information below. Parent/Guardian whose child may require reasonable accommodations must meet with the director before attendance in the program may begin.

Child's Full Name _____

If your child has allergies, diabetes or seizures, please state the type, frequency and procedures to follow during and immediately following:

If your child has physical conditions or needs our staff should be aware of, please check all that apply:

- ADHD/ADD Asperger's Autism Bipolar Disorder Bleeding/clotting disorders Cerebral Palsy
 Convulsions Down Syndrome Heart trouble Tourette's Other: _____

List any other disabilities, special health conditions, behavior concerns or required assistance that your child may need:

Have these conditions been diagnosed by a physician? Yes No

Dietary restrictions/concerns: Doesn't eat dairy Doesn't eat eggs Picky eater Doesn't eat nuts
 Other: _____

Does your child use any special equipment? Yes No

Please check all that apply:

- Wheelchair Body Brace Crutches Cane Walker Hearing Aid Pacemaker Other: _____

Does your child require any special assistance while sitting? Yes No

Does your child have any communication difficulties? Yes No

If yes, please describe the extent of difficulties and any methods used to compensate for the difficulties (i.e. Sign language, speech board, lip reading):

Please list anything else we should know about your child:

Parent/Guardian Signature

Date

Full Name

Location

Unit ID

Staff Initials