

Camper Name: _____

Session(s): _____

IPOC

Medical Condition or Disability:

Individual Plan of Care

IPOCs are specialized care plans that provide direction to staff on how to prevent and treat campers with medical conditions or disabilities. Please provide as much information as possible on your camper that will help us provide the care needed. Please contact us with any questions or concerns.

Please provide details on your camper's condition:

Include symptoms, history or any special notes we should be aware of.



Prevention:

Treatment:

Medications:

Special Equipment:

Emergent/Urgent Management Plan:

Action Plan:

ADDITIONAL NOTES

Please provide details on anything we need to know that will help us care for your camper's health condition or disability

SIGNATURES

Parent(s): _____ Date: _____

RN: _____ Date: _____

NA: _____ Date: _____

Staff: _____ Date: _____

Staff: _____ Date: _____