

East Hampton Parks and Recreation Special Care Plan Form

This **Special Care Plan** form ensures that children with medical, behavioral, or other specific needs are provided with the best care during their time at camps and programs. It also ensures that staff and parents are aligned in how the child's needs will be met.

Participant Information

- Full Name: _____
- Date of Birth: _____
- Gender: _____
- Address: _____
- City, State, Zip Code: _____
- Primary Parent/Guardian Name: _____
- Phone Number: _____
- Alternate Emergency Contact Name: _____
- Emergency Contact Phone Number: _____

Medical Information

- Allergies (including food, insect stings, etc.):

- Medications (including dosage and administration times):
(Medical Administration by our staff is only available at programs that we have trained med-admin staff on site. These programs include Afternoon Adventures and Sears Park Summer Camp)

- Special Medical Conditions (e.g., asthma, diabetes, epilepsy):

- Dietary Restrictions:

- Physical Limitations (e.g., mobility issues, vision impairments):

- Any previous surgeries or ongoing treatments we should be aware of:

Behavioral/Emotional/Developmental Needs

- **Behavioral or Emotional Support Needs (e.g., anxiety, ADHD, autism spectrum disorder, etc.):**

- **Preferred methods of support or calming techniques (e.g., quiet space, verbal reassurance):**

- **Specific triggers (e.g., loud noises, crowds, transitions) and strategies to address them:**

- **Special communication needs (e.g., non-verbal, sign language, picture communication):**

- **Social/Peer Interaction Needs (e.g., prefers one-on-one time, struggles with group activities):**

Emergency Protocols

- **Specific Instructions for Emergency Medical Care (if different from regular medical instructions):**

- **Preferred method of contact with family in an emergency:**

- **Any restrictions on physical activities or participation in specific camp activities (e.g., swimming, sports):**

Parent/Guardian Authorization

I, the undersigned, authorize the staff of East Hampton Parks and Recreation to administer the special care and accommodations described in this Special Care Plan. I understand that it is my responsibility to update this plan with any changes in my child’s health, behavioral, or medical conditions during the camp session. I agree to provide any required medications and instructions for proper administration before the start of the program.

- **Parent/Guardian Signature:** _____
- **Date:** _____