



Individual Plan of Care

This Plan of Care document is to inform the appropriate educators and staff of a participant's special health needs and/or disabilities. This information will help ensure the participant is given proper care prior to and during a NESS program.

Name:

Date of Birth:

Program:

Pertinent Medication:

Bringing Medication to program? Yes No

Type of Emergency Medication brought to program? (Epi-pen, Inhaler, Seizure Medication, etc.):

Special health care need or disability:

Plan for appropriate care of the person during a medical emergency:

Other relevant information: (Precautions to be taken to prevent a medical or other emergency)

This Plan of Care Form will be reviewed by the Safety Coordinator and educators working with the student. Together, a coordinated Plan of Care will be created and implemented. Each plan is created on a case-by-case basis and can be adjusted as needed.

Name of Guardian:

Phone Number:

Signature:

Date Signed: