FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Riverbrook Regional YMCA
Camp Gordyland Individual Care Plan

Child's Name _____Date of Care Plan ___/___/___ to ___/___/___

Child's Date of Birth ____/____/_____

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 provide the following information.

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

#2 Health Concern: _____
Symptoms: _____
On-Site Medication: ☐ Yes ☐ No _____
Steps of Care: _____
1. _____
2. _____

Continued on reverse side

Riverbrook Regional YMCA- Wilton Branch
404 Danbury Road Wilton, CT 06897
(P) 203-762-8384 (F) 203-286-2260 (E) Gordylandfirstaider@riverbrookymca.org

3. _____

4. _____

Additional Information: _____

#3 Health Concern: _____

Symptoms: _____

On-Site Medication: ☐ Yes ☐ No _____

Steps of Care: _____

1. _____

2. _____

3. _____

4. _____

Additional Information: _____

Name of Health Care Provider: _____ **Phone:** (____)_____

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

** For Administrative Use Only **

Mike Kazlauskas, Camp Director: _____ Date: _____

Kimberly Fejes, Assistant Camp Director: _____ Date: _____

Camp First Aid Director: _____ Date: _____

Assistant Camp First Aid Director: _____ Date: _____

Additional First Aider: _____ Date: _____

Unit Director: _____ Date: _____

Age Group Director: _____ Date: _____

Counselor: _____ Date: _____

Counselor: _____ Date: _____

Counselor: _____ Date: _____

Counselor: _____ Date: _____

Weeks Attending Camp

☐ 1 6/26-30 ☐ 2 7/3-7 ☐ 3 7/10-14 ☐ 4 7/17-21

☐ 5 7/24-28 ☐ 6 7/31-8/4 ☐ 7 8/7-11 ☐ 8 8/14-18

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