



Thank you for choosing Tidal River Christian Camp

Tidal River Christian Camp is a non-profit summer camp. For 46 years TRCC has been teaching about our Lord and Savior, Jesus Christ. Many congregations from New England (Rhode Island, Connecticut, Massachusetts, New York, and many more) have been working together to make this ministry possible.

TRCC usually starts in the first week of July and goes for four (4) weeks. The first two weeks are "Junior Weeks" for Children ages 8-12 and the last two weeks are "Senior Weeks" for children ages 13-18.

We are bringing back the Friday Night Skit Night as part of our beloved program. For many years those at camp can remember the funny skits and beautiful singing to close out each week of camp. We hope you will join us this year and continue to make this experience as memorable as it was for us growing up.



**Please make sure that medical forms
are within 3 years of the camping season.**



TIDAL RIVER CHRISTIAN CAMP SUGGESTIONS FOR CAMPER DISCIPLINARY PROCEDURES

The Board of Directors recognizes that during the day-to-day operations of the camp some campers may cause a disruption in the camp environment. In order to ensure a camp environment that is safe and ensures that each camper has the best camping season possible the Board has suggested the following disciplinary options.

First Offense: Verbal Warning

Second Offense: Temporary loss of privileges (i.e.: 10 minutes off swimming; loss of one canteen item; additional chores or clean-up details)

Third Offense: Extension to loss of privileges

Continuous behavior causing the need for continued discipline should be referred to the Camp Director and may result in that camper being sent home from camp.

Insubordination or failure to abide by the major aspects of the camps discipline policy should be referred to the Camp Director for appropriate disciplinary action.

Note:

No disciplinary options should take away from another scheduled camp activity unless the staff member supervising that time period is consulted.

At no time should any camper be exposed to any type of discipline that would result in physical contact between the camper and another individual.

Adopted:02-02-2002



General Guidelines for T.R.C.C.

Who May Attend:

Campers are welcome from among members of the churches of Christ and anyone who is recommended by a responsible member of the church.

Cars/Vehicles:

No cars, belonging to campers will be allowed to remain on the campgrounds during the week. Campers should make arrangements for transportation to and from camp.

What to Bring:

BIBLE, sleeping bag or other bedding (sheets, blanket, pillow), towels and wash clothes, toiletries (soap, toothbrush, toothpaste, etc.), swimsuit, flashlight, pen, pencil, bug spray, general camp clothing (see policy regarding clothing below). Please mark linens and towels appropriately so that they can be easily identified.

Clothing:

1. Modest apparel will be required at all times. Modest apparel includes jeans or comparable pants or mid-length shorts (suggested length is 2" from the top of the knee) and T-shirts or other suitable camp shirts and blouses.
2. The following clothing will not be allowed
 - a. Short Shorts (see above for suggested length)
 - b. Tank tops or sleeveless blouses
 - c. Excessively tight-fitting pants / tops
 - d. Any similarly revealing, suggestive, or inappropriate apparel.

Habits/Behavioral Expectations:

1. No smoking will be allowed on the campgrounds by campers or by staff.
 - a. Counselors are required to report any smoking incidents to the Camp Director.
 - b. Campers found smoking may be sent home at the discretion of the Camp Director, without tuition refund.
2. The use of alcoholic beverages or any other drugs on the campgrounds is strictly prohibited. Any violation of this rule will bring automatic dismissal from camp, without tuition.
3. The Camp Director has the authority to assess any behaviors which may effect the safety of campers, staff, or camp facility. Dismissal of any camper will be at the discretion of the acting Director.



T.R.C.C. Bullying / Safe Climate Policy

It is the policy of the TRCC Board of Directors that any form of bullying behavior is expressly forbidden.

The Board also prohibits any form of bullying behavior in between camping sessions if such bullying:

- creates a hostile environment at camp for the camper against whom such bullying was directed;
- infringes on the rights of the camper against whom such bullying was directed at;
- substantially disrupts the orderly operation of camp.

Discrimination and/or retaliation against an individual who reports or assists in the investigation of an act of bullying is likewise prohibited.

For purposes of this policy, "bullying" shall mean the repeated use by one or more campers of a written, verbal or electronic communication, such as cyberbullying, directed at or referring to another camper, or a physical act or gesture by one or more campers repeatedly directed at another camper, that:

- causes physical or emotional harm to such camper or damage to such camper's property;
- places such camper in reasonable fear of harm to himself or herself, or of damage to his or her property;
- creates a hostile environment at camp for such camper;
- infringes on the rights of such camper;
- substantially disrupts the orderly operation of camp.

Bullying shall include, but not be limited to, a written, verbal or electronic communication or physical act or gesture based on any actual or perceived differentiating characteristics, such as race, color, religion, ancestry, national origin, gender, socioeconomic status, academic status, physical appearance, or mental, physical, developmental or sensory disability, or by association with an individual or group who has or is perceived to have one or more of such characteristics.

For purposes of this policy, "Cyberbullying" means any act of bullying through the use of the Internet, interactive and digital technologies, cellular mobile telephone or other mobile electronic devices or any electronic communications.

Campers who engage in bullying behavior shall be subject to camp discipline up to and including removal in accordance with the Board's policies on camper discipline



The Board also implements the following Safe Climate Plan for use during the Camping Season:

- Campers will be enabled to anonymously report acts of bullying to Counselors, Directors, or any other Camp Personnel,
- Parents or guardians of campers may file written reports of suspected bullying,
- Camp Staff who witness acts of bullying or receive reports of bullying will orally notify the Camp Director or his designee and will file a written report no later than one camp day after making such oral report,
- The Camp Director or designee will investigate or supervise the investigation of all reports of bullying and ensure that such investigation is completed promptly pending receipt of any written reports made under this section;
- The Camp Director or designee will review any anonymous reports (provided that no disciplinary action shall be taken solely on the basis of an anonymous report),
- The Camp Director or designee will notify the parents or guardians of students who commit any verified acts of bullying and the parents or guardians of students against whom such acts were directed no later than 24 hours after completion of the investigation.
- The Camp staff will prohibit discrimination or retaliation against an individual who reports or assists in the investigation of an act of bullying;
- The Camp Director will direct the development of camper safety support plans for campers against whom an act of bullying was directed that address safety measures the camp will take to protect such campers against further acts of bullying;
- The Camp Director will, after consulting with the parents of both parties and the President or Vice President of the Board of Directors, notify the appropriate local law enforcement agency when such Director believes that any acts of bullying constitute criminal conduct;
- The Camp Director will submit a written report to the Board of Directors regarding any and all acts of Bullying for discussion in Executive Session at the First Regular Board Meeting following the camping season.



ATTENTION PARENTS:

In order to provide the safest and securest environment that we can as well as to maintain the camp program that has been planned we request that Camper Visitations during the camp week do not occur. We do realize that in some emergency situations it may be necessary for you to visit the camp or get a message to your child so the Board of Directors has adopted a Visitors Policy that we ask you to abide by.

It is the policy of the Board of Directors of Tidal River Christian Camp that ALL PERSONS intending to visit the camp MUST CALL AND RECEIVE PERMISSION from the Acting Director before leaving to come to camp. Upon arrival, ALL VISITORS must report to the Nurses Cabin and SIGN IN the visitor's logbook. Please note that this policy only exists for emergency situations; we ask that you make every effort possible to not visit your child or the camp while the camping weeks are in session.

Please take a look at our procedures for Pickup and Drop-off.

Pickup & Delivery Procedures

Delivery:

The Delivery of your children at 3:30 PM Sunday is possibly the most trying on the counselors and camping staff. Please be advised that the Camping staff has no idea as to who is a camper and who is not. Each parent/guardian ought to keep their children with them until they have registered and have taken their children to their counselor and have meet him/her.

During the registration process each parent/guardian will be asked to fill out a sign out form for those that can sign out their child through out the week.

This is done to provide the safest environment possible for your children.

Pickup:

Pickup of your children is on **Friday Night** between 7PM and 8PM.

Parents may be asked to show proper ID at the gate leaving camp grounds and MUST be on the approved list that was signed during registration.

Miscellaneous:

Many shirts and pants and shoes and "things" get left behind at the end of camp. There is a lost and found which no one seems to visit or parents have no idea what their children own. There are bags full of these things at the end of the camping season. Please don't let these clothes go to waste.



TIDAL RIVER CHRISTIAN CAMP

Check Before Packing

_____ Completed Medical Forms ARE Required

_____ Bible

_____ Sleeping Bag or Blanket

_____ Sheets and Pillow

_____ 2-3 Bath Towels & Face Cloths

_____ 1 Beach Towel

_____ Soap, Toothbrush, Toothpaste, etc.

_____ Flashlight & **Extra Batteries**

_____ Rain Gear

_____ 2 pairs of Sturdy Shoes or sneakers (appropriate for hikes & general use.)

_____ 1 pair bathing shoes or flip-flops for shower use.

_____ Plenty of clothes to include sweaters, pants, shorts, t-shirts pajamas, socks & underwear enough for the length of stay at camp. No tank tops or short shorts (see clothing guidelines)

_____ Sweater or jacket for cool nights, swimsuit (girls one piece no tankinis)

_____ A few clothes pins to hang up your wet clothes.

_____ Non-aerosol insect repellent and sunscreen.

_____ Writing paper & envelopes, pen or pencil, stamps.

_____ Extra clothes for messy wet activities.

_____ Plastic Bags for your dirty clothes.

Note: Are your name/initials on your property?



Each camper must have completed BEFORE he/she comes to camp.

1. HEALTH EXAMINATION RECORD

___ The top section is to be completed and signed by the parent/guardian. This includes Camper Medical History and Parent or Guardian Authorization. The bottom section (Physical Exam) must be signed by a licensed physician, including state license number. This is required for all campers.

___ PRAISE THE LORD! You get to use last year's medical form – ENCLOSED.

Please bring this with you on registration day

2. AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY CAMP PERSONNEL.

MEDICAL EXAMINATION MUST HAVE BEEN GIVEN WITHIN 36 MONTHS OF THE DATE OF YOUR LAST DAY AT CAMP.

Upload these forms on our camper portal and also make sure you BRING them when you come to camp.

NO CAMPER WILL BE PERMITTED TO REMAIN AT CAMP ON THE DAY OF REGISTRATION IF HE/SHE DOES NOT HAVE ALL FORMS COMPLETED!!!

Please note the following reminders:

All persons intending to visit camp MUST call ((860) 940-0803) and receive permission from Camp Director before coming to camp. To avoid disruptions to your child's camp experience, parents and guardians are discouraged from visiting during camp week (except for emergencies).

1. Camp will end each week on **Friday night** between 7:00 & 8:30 PM, campers must be picked up at that time. There will be a short program starting at 7:30 PM.
2. Registration will be between 3:30 and 4:30 on Sunday afternoon. We ask that campers not arrive before that time so the staff will have time to prepare for opening of camp.
3. Campers should bring a bag supper for Sunday evening.
4. All medications should be clearly labeled and are to be given to the camp nurse upon arrival at camp.
5. Campers should make arrangements for transportation to and from camp. NO cars belonging to campers will be allowed to remain on the campgrounds during the week.

_____ is/are scheduled to attend:

___ Junior Week 1

___ Senior Week 1

___ Junior Week 2

___ Senior Week 2



TIDAL RIVER CHRISTIAN CAMP

**AUTHORIZATION FOR THE
ADMINISTRATION OF MEDICINES
BY CAMP PERSONNEL**

**FOR ALL MEDICATIONS INCLUDING OVER THE COUNTER
ALLERGY, MOTRIN, TYLENOL, BENADRYL, AND VITAMINS REQUIRE A DOCTORS SIGNATURE.**

The Connecticut Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for a nurse to administer medication or in the nurse's absence, a designated adult to administer medications. Medications must be in a pharmacy prepared container and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist's name and date of original prescription.

PHYSICIAN'S OR DENTIST'S ORDER

NAME OF CHILD _____ DATE _____

ADDRESS _____ DATE OF BIRTH _____

DRUG: Name, dose and method of administration _____

Condition for which drug is being administered _____

Administered From (date) _____ to (date) _____

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Is this a controlled drug? _____ If yes, DEA number _____

Physician's or Dentist's name _____ (type or print)

Address _____ Phone () _____ - _____

Physician's or Dentist's Signature _____ Date _____

AUTHORIZATION BY PARENT OR GUARDIAN for the administration of the above medication by TIDAL RIVER CHRISTIAN CAMP PERSONNEL:

Date: _____

TO CAMP PERSONNEL:

I hereby request that the above medication, ordered by the physician/dentist for my child _____, be administered by camp personnel. I understand that I must supply the camp with the prescribed medication in the original container, dispensed and properly labeled by a physician or pharmacist and will provide no more than a fourteen-day supply of said medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond close of camp.

Name _____ (Type or Print)

Signature: _____ Relationship to child: _____

Address: _____ Phone: _____

(TRCC Prescription Med Form 2-19)



INSURANCE AND AUTHORIZATION

INSURANCE INFORMATION

Camper Name: _____

Is the camper covered by family medical/hospital insurance? ___Yes ___No

If yes, indicate Insurance Carrier _____

Group # _____ Policy # _____

Policy Holder's Name _____

Relationship to participant _____

Parent or Guardian Authorization (required for all persons under age 18)

This health history is correct so far as I know, and the person named above has permission to participate in all camp activities except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia for surgery for the person named above.

Signature _____ Date _____



State of Connecticut Department of Education

Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?	Y N	

* If applicable

Part I — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)			Y	N	Diabetes	Y	N	
Any immediate family members have high cholesterol			Y	N	ADHD/ADD	Y	N	

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____% *Weight _____ lbs. / _____% BMI _____ / _____% Pulse _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening			*Auditory Screening			History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type:	<u>Right</u>	<u>Left</u>	Type:	<u>Right</u>	<u>Left</u>	*HCT/HGB:	
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	*Speech (school entry only)		
Without glasses	20/	20/	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail			
<input type="checkbox"/> Referral made			<input type="checkbox"/> Referral made			Other:	

TB: High-risk group? No Yes PPD date read: _____ Results: _____ Treatment: _____

***IMMUNIZATIONS**

Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

***Chronic Disease Assessment:**

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced
If yes, please provide a copy of the Asthma Action Plan to School

Anaphylaxis No Yes: Food Insects Latex Unknown source

Allergies *If yes, please provide a copy of the Emergency Allergy Plan to School*

History of Anaphylaxis No Yes Epi Pen required No Yes

Diabetes No Yes: Type I Type II

Other Chronic Disease:

Seizures No Yes, type: _____

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.
Explain: _____

Daily Medications (*specify*): _____

This student may: participate fully in the school program
 participate in the school program with the following restriction/adaptation: _____

This student may: participate fully in athletic activities and competitive sports
 participate in athletic activities and competitive sports with the following restriction/adaptation: _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.
Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required 7th-12th grade	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			See below for specific grade requirement	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			Required K-12th grade	
PCV	*				PK and K (Students under age 5)	
Meningococcal	*				Required 7th-12th grade	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx _____
of above (Specify) _____ (Date) _____ (Confirmed by) _____

Exemption: Religious _____ **Medical:** Permanent _____ Temporary _____ **Date:** _____
Renew Date: _____

**Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.
 Medical exemptions that are temporary in nature must be renewed annually.**

Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**

GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.

HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

** **Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

**Individual Plan of Care for a Child
With Special Health Care Needs or Disabilities**

Child's Name: _____ Date of Birth ____/____/____

Special health care need or disability:

Plan for appropriate care of the child in a medical or other emergency. An individual plan of care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the child care program.

Other relevant information:

Signature(s) of the Parent(s):

Date Signed:

____/____/____
____/____/____

Note: Section 19a-79-5a(a)(2)(E) requires a child's Health Record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Section 19a-79-4a(h)(2)(H)(viii) requires that the health consultant shall assist in the review of individual care plans as needed.

Please use reverse side of this form for signature(s) of all staff responsible for the care of this child.

