

Haddam-Killingworth Recreation – Special Care Plan

Form Description

Haddam-Killingworth Recreation is committed to providing a safe, supportive, and inclusive environment for all participants. This Special Care Plan is required for any child who may need medical, behavioral, emotional, or developmental supports while participating in programs. The information provided will help staff understand your child's needs and respond appropriately. Information is confidential and shared only with staff as necessary.

Participant Information

- **Participant Full Name:** _____
 - **Date of Birth:** _____
 - **Age / Grade:** _____
 - **Gender (optional):** _____
 - **Address:** _____
 - **City / State / Zip Code:** _____
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Parent / Guardian Information

- **Primary Parent/Guardian Name:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
 - **Alternate Emergency Contact Name:** _____
 - **Emergency Contact Phone Number:** _____
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Program Information

- **Program(s) Enrolled In (check all that apply):**
 - ☐ Before School Care
 - ☐ After School Care (RecCare)
 - ☐ Vacation Camp
 - ☐ Summer Camp
 - ☐ Sports Program
 - ☐ Enrichment / Specialty Program
 - ☐ Other: _____
- **Program Location(s):** _____
- **Dates of Participation:** _____

Medical Information

- **Allergies (food, insect stings, environmental, etc.):**
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- **Medications (name, dosage, timing, purpose):**

Please note: Medication administration is only available in programs with trained medication-administration staff.

- **Medical Conditions (e.g., asthma, diabetes, seizures):**

- **Dietary Restrictions or Needs:**

- **Physical Limitations or Accommodations Needed (mobility, vision, hearing, etc.):**

- **Other relevant medical history or treatments:**

Behavioral, Emotional, or Developmental Support

- **Behavioral / Emotional Needs (e.g., anxiety, ADHD, autism, emotional regulation):**

- **Effective Strategies & Supports (calming techniques, routines, redirection, breaks):**

- **Known Triggers (transitions, noise, crowds, competition, fatigue, etc.):**

- **Communication Needs (verbal, non-verbal, visual supports, prompts):**

- **Social Interaction Considerations (group size, peer challenges, supervision needs):**

Safety & Participation Considerations

- **Activity Restrictions or Modifications Needed (sports, swimming, field trips, etc.):**

- **Warning Signs That Staff Should Watch For:**

- **Steps Staff Should Take If Support Is Needed:**

Emergency Protocols

- **Emergency Medical Instructions (if different from routine care):**

- **Preferred Method of Contact in an Emergency:**

☐ Phone Call

☐ Text

☐ Email

Parent / Guardian Authorization

I authorize Haddam-Killingworth Recreation staff to implement the supports, accommodations, and care described in this Special Care Plan. I understand that HK Recreation staff are not medical professionals and will act within the scope of their training and program guidelines. I agree to update this form promptly if there are any changes to my child's needs.

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

HK Recreation Use Only

- **Date Reviewed:** _____
- **Reviewed By:** _____
- **Notes / Follow-Up Needed:** _____

