

# CHILD HEALTH ATTESTATION for LICENSE EXEMPT YOUTH CAMPS

## Immunizations

## Medications

## Individual Care Plans

*(This SAMPLE form is designed to assist license exempt youth camps with demonstrating compliance with the Care 4 Kids health & safety requirements)*

### **Immunizations**

I hereby attest:

- ☐ That no child has been or will be admitted to the below named youth camp unless such child's parent(s) furnishes documentation of age-appropriate immunization, immunization-in-progress or exemption from immunization against diseases for which vaccination is recommended in the current schedule for active immunization adopted by the commissioner of public health in accordance with section 19a-7f of the Connecticut General Statutes. Furthermore, no child has been or will be permitted to continue to attend such youth camp for more than thirty days unless such child continues to meet said requirements.

### **Medications**

Child care programs that administer medications of any kind shall develop and implement written policies and procedures at the facility governing the administration of medications which shall include, but not be limited to, the types of medication that shall be administered, parental consent and prescriber authorizations, staff responsibilities, proper storage of medication and record keeping. Said policies and procedures shall be maintained onsite and shall reflect best practice.

I hereby attest:

- ☐ This program is operated and administered by a local or regional board of education or municipality administering medication in accordance with section 10-212a of the Regulations of Connecticut State Agencies; or
- ☐ This program will administer medication in accordance with section 19a-428-6 of the Regulations of Connecticut State Agencies; and
- ☐ Staff trained and approved to administer medication shall be present whenever a child who has orders to receive medication is enrolled and present at the program.

### **Individual Plans of Care**

The operator shall ensure that the individual needs of each child are met and shall maintain at the program a written individual plan of care for each child with 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 when it is necessary that special care be taken or provided while the child is in attendance at the child care program. Such plan shall be based on the recommendations of the child's primary health care provider, developed with the child's parent(s) at intake, implemented and updated as necessary to meet the child's changing needs. The individual plan of care shall include appropriate care of the child to prevent and respond to a medical or other emergency and shall be signed by the parent(s) and staff members responsible for the care of the child.

☐ I hereby attest that a written individual plan of care for each child with disabilities or special health care needs is on file when it is necessary that special care be taken or provided while the child is in attendance at the youth camp.

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Signature of Operator or Designee

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Printed Name

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Name of Youth Camp Program

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Date