



First Congregational Church of Griswold

Individual Plan of Care/Action Plan

An Individual Plan of Care is helpful when a person has a special health care need or disability, and it is necessary that special care be taken or provided while the person is at church. Any of the following health care needs will be addressed by a of Plan Care/Action. Health care needs include, but a not limited to: allergies, asthma, inhaler, epi-pen, school IEP, other behaviors or family situations a supportive church member or the pastor should be aware of.

This will give us the information we need to provide the best care for our participants. Please remember that not all of our volunteer members are professionally trained, but every single one will do their very best to adhere to this plan.

Participants's Name:

Date of Birth:

Health care need or disability:

Plan of Care/Action Plan of the individual during a medical emergency:

Other relevant information: (e.q. precautions to be taken to prevent a medical or other emergency.)

Signature(s) of the Parent/Guardian(s):

Reviewed with:

Date of review:

Signature:

NOTE: We ask that our records include information regarding disabilities or special health care needs such as mobility, allergies, special dietary needs, dental problems, hearing or visual mpairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the individual with special health care needs or disabilities. The plan shall be developed with the individual or their parents/guardians. It should be updated as necessary. Such plan of care shall include appropriate care of the individual in the event of a medical or other emergency and shall se signed by the individual or their representative and a church leader who willingly takes part in the action plan.