

Special Event Care Plan

Name: _____

Address: _____

Phone: _____

Cell Phone for day of event: _____

Pack/Troop #: _____

Parent/Caregiver Name: _____

Cell Phone for day of event: _____

Personal Needs:

1. Transportation to and from the event parking lot

_____ van/bus _____ lift van/bus _____ pick up at vehicle

2. Program areas want to attend

1.

2.

3.

4.

5.

3. Assistance needed to participate. Describe:

4. Camping

_____ Yes, area: _____

_____ No, just attending Saturday

5. Estimated Length of Stay:

_____ Camping all weekend

_____ Camping Friday night and programs Saturday

_____ Saturday only; arrival time: _____ departure time: _____

_____ Week long Camp

6. Personal Care needs:

- There will be portable units in the camping area ADA approved.
- There is a changing area in the Special Needs Center.
- This center will serve for their personal care and sensory needs.
- This is an information center to request additional help for a program area and transportation needs.