

Northern Suburban Special Recreation Association

Summer Safety Information Form

THIS INFORMATION WILL BE USED WITH THE REGISTRATION FORM YOU COMPLETED TO PROVIDE THE BEST SUMMER DAY CAMP EXPERIENCE POSSIBLE FOR YOUR CHILD. PLEASE ATTACH A PICTURE OF YOUR CHILD OR ANY ADDITIONAL INFORMATION THAT YOU THINK WILL BE USEFUL.

GENERAL INFORMATION

FIRST NAME: _____ LAST NAME: _____ SEX: M _____ F _____

PRIMARY DISABILITY: _____

SECONDARY DIAGNOSIS: _____ HEIGHT: _____ WEIGHT: _____

MEDICAL INFORMATION

DOES YOUR CHILD HAVE ALLERGIES? NO _____ YES _____ (PLEASE DESCRIBE) _____

IS YOUR CHILD SUBJECT TO SEIZURES? NO _____ YES _____

DESCRIBE TYPE AND FREQUENCY: _____

DOES YOUR CHILD REQUIRE REST AFTER SEIZURE OCCURS? NO _____ YES _____

ARE SEIZURES CONTROLLED BY MEDICATION? NO _____ YES _____

CIRCLE ANY DEVICES YOUR CHILD MAY USE DURING CAMP: GLASSES CONTACT LENSES HEARING AID ORTHOPEDIC DEVICES

DOES YOUR CHILD REQUIRE SPECIAL ACCOMMODATIONS TO SAFELY RIDE THE VAN AS INDICATED ON HIS/HER IEP? _____

MOBILITY INFORMATION

IS YOUR CHILD AMBULATORY? NO _____ YES _____ SOMETIMES (PLEASE DESCRIBE) _____

DOES YOUR CHILD USE A WHEELCHAIR? NO _____ YES _____

SOMETIMES (PLEASE DESCRIBE) _____

IS YOUR CHILD WILLING TO TRANSFER? NO _____ YES _____

CIRCLE OTHER DEVICES USED FOR MOBILITY: CANE WALKER CRUTCHES BRACE

DIETARY NEEDS

DOES YOUR CHILD HAVE A SPECIFIC DIET, DIETARY RESTRICTIONS, OR ANY FOOD THAT MAY CAUSE BEHAVIORAL CHANGES? NO _____ YES _____

(PLEASE DESCRIBE) _____

IS ASSISTANCE NEEDED IN EATING? NO _____ YES _____

SAFETY

IS YOUR CHILD: WILLING TO STAY WITH THE GROUP? NO _____ YES _____ ABLE TO SAY NAME? NO _____ YES _____

ABLE TO SAY PHONE NUMBER? NO _____ YES _____ RESPONSIBLE FOR OWN BELONGINGS? NO _____ YES _____

ABLE TO RECOGNIZE DANGER? NO _____ YES _____ ABLE TO MANAGE OWN MONEY? NO _____ YES _____

PERSONAL CARE

DOES YOUR CHILD NEED ASSISTANCE IN THE BATHROOM? NO _____ YES _____ (PLEASE DESCRIBE) _____

ARE REGULAR BATHROOM TIMES NEEDED? NO _____ YES _____ (PLEASE DESCRIBE) _____

DOES YOUR CHILD NEED OTHER ASSISTANCE SUCH AS MENSTRUAL ASSISTANCE? NO _____ YES _____ (PLEASE DESCRIBE) _____

COMMUNICATION

IS YOUR CHILD VERBAL: NO _____ YES _____ SOMETIMES (PLEASE DESCRIBE) _____

DOES YOUR CHILD USE SIGN LANGUAGE? NO _____ YES _____ SOMETIMES (PLEASE DESCRIBE) _____

CAN YOUR CHILD READ? NO _____ YES _____ (PLEASE DESCRIBE) _____

CAN YOUR CHILD WRITE? NO _____ YES _____ (PLEASE DESCRIBE) _____

Summer Safety Information Form (Continued)

CIRCLE ANY DEVICES YOUR CHILD MAY USE DURING CAMP:

PECS BOOK

COMMUNICATION DEVICE

SPECIFY OTHER COMMUNICATION METHODS OR NEEDS:

BEHAVIOR/PERSONALITY

DESCRIBE THE BEST WAY TO GET YOUR CHILD INVOLVED IN AN ACTIVITY:

DESCRIBE ANY PHOBIAS/FEARS (FEAR OF DOGS, HEIGHTS, CONFINEMENT):

DESCRIBE ANY SETTINGS OR ACTIVITIES THAT MIGHT CAUSE BEHAVIOR DIFFICULTIES (NOISY SURROUNDINGS, FLASHING LIGHTS, LARGE GROUPS):

CIRCLE THE BEST WAY TO INTRODUCE YOUR CHILD TO THE DAILY SCHEDULE:

WRITTEN SCHEDULE

BOARDMAKER PICTURES

PHOTOGRAPHS

OTHER:

DESCRIBE THE BEST WAY TO TRANSITION, INTRODUCE OR EXPLAIN NEW TASKS OR TRANSITIONS:

DESCRIBE THE TYPES OF SITUATIONS THAT FRUSTRATE YOUR CHILD:

DESCRIBE THE BEST WAY TO REDIRECT OR ENGAGE YOUR CHILD'S ATTENTION:

IS YOUR CHILD USING A SPECIFIC PLAN FOR BEHAVIOR? NO YES (PLEASE SEND A COPY)

DOES YOUR CHILD ACT OUT? NO YES (PLEASE DESCRIBE)

DESCRIBE TYPE OF BEHAVIOR MANAGEMENT OR REINFORCEMENT THAT WORKS BEST:

WHAT TYPE OF ADDITIONAL ASSISTANCE DO YOU THINK YOUR CHILD MIGHT REQUIRE TO PARTICIPATE SUCCESSFULLY IN A RECREATION SETTING?

SWIMMING

DOES YOUR CHILD: SWIM?

NO YES

NEED A LIFE JACKET?

NO YES

NEED 1:1 ASSISTANCE IN WATER? NO YES

NEED ASSISTANCE IN DRESSING? NO YES

WEAR SWIM DIAPERS? NO YES

RECREATIONAL INTERESTS

CHECK ALL THAT INTEREST YOUR CHILD.

SWIMMING

GARDENING

CRAFTS PROJECTS

JOURNALING

BOARD GAMES

DRAMA

PLAYGROUND GAMES

BEACH DAY

LISTENING TO MUSIC

PLAYING MUSICAL INSTRUMENTS

SENSORY PLAY

BASIC COOKING

NATURE

TEAM SPORTS

STORY TIME/READING

PETS

YOGA

RELAXATION

DANCING

SCAVENGER HUNTS

PUZZLES

SMALL GROUP ACTIVITIES

LARGE GROUP ACTIVITIES

FIELD TRIPS

PLEASE LIST ANY OTHER RECREATIONAL ACTIVITIES YOUR CHILD ENJOYS:

IS THERE ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD?

Camp 2009 Registration Form (Continued)

| PROGRAM INFORMATION | | | Office Use Only |
|--|------|-----------------|--------------------|
| Program Name | Code | FEE | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Please print camper's name on this side: | | SUBTOTAL | |

Name: _____

Please carry this subtotal over to front of Form.

MEDICAL INFORMATION

This section must be completed **if your child receives medication.**

if your child does not receive medication. please circle "NONE" and sign your name where indicated. **NONE** _____
SIGNATURE

If your child is to receive medication at Camp (except for the Joint Summer Program and Low Incidence Cooperative Agreement), a *full camp supply* of prescription and non-prescription medications in original containers with the pharmacy label and dosage attached must be hand delivered to the NSSRA office by a parent or guardian *two weeks prior to the start of camp.* Our staff needs adequate time to process the information. The receipt of medication *after the deadline* may hinder our ability to dispense medication the first day of camp. Please bring the written prescription with the medication to NSSRA. Our address is NSSRA, 3105 MacArthur Blvd., Northbrook, IL 60062. Our phone is (847) 509-9400. If your child is enrolled in the Joint Summer Program or Low Incidence Cooperative Agreement, a full supply of medications should be brought to the nurse at the child's camp/school site.

CHILD'S NAME receives the following medication(s). *Please list ALL medications, even those taken outside of Camp hours.*
 (Please Print): _____

Prescribed Medication _____ Dosage _____ Hour Given _____

Prescribed Medication _____ Dosage _____ Hour Given _____

Prescribed Medication _____ Dosage _____ Hour Given _____

Doctor's name _____ Doctor's Phone _____

Non-Prescription Medication _____ Dosage _____ Hour Given _____

Other Instructions: _____

Is your child subject to seizures? Yes _____ No _____

Does your child have any allergies? Yes _____ No _____

If YES, please explain: _____

The above information is required to alert medical personnel, in an emergency, as to what medication the child has taken in the past 24 to 48 hours, and to inform staff of possible or expected side effects or changes in behavior that may occur as a result of the medication.

The medication which is labeled by a pharmacist, is to be administered by the Camp Director. I hereby exonerate NSSRA from all responsibility following the administration of the medication ordered by the above physician.

SIGNATURE: Parent/Guardian _____ Date _____

Please attach any other important information that will help us meet the needs of your child.

Please complete the Registration Form on the other side.