

# Lynn Special Needs Camp

250 COMMERCIAL STREET  
LYNN, MA 01905  
781-477-7096

[LSNC01905@YAHOO.COM](mailto:LSNC01905@YAHOO.COM)

SUMMER & AFTERSCHOOL CAMPER APPLICATION

## General Information

Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Street Address Apt# City State/ Zip Code

Male  Female  Language spoken at home: \_\_\_\_\_ State Ward:  yes  no

Ethnic Group [  ] Caucasian [  ] Hispanic [  ] Native American/Alaskan Native [  ] Black [  ] Asian

**Please check off your combined family income** (We must have this information for administrative purposes only):

\$0-\$9,999	_____	\$30,000-\$39,999	_____
\$10,000-\$19,999	_____	\$40,000-\$49,999	_____
\$20,000-\$29,999	_____	\$50,000 & Up	_____

### Parent/Guardian

Name: \_\_\_\_\_  
Last First Relationship

Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Parent/Guardian

Name: \_\_\_\_\_  
Last First Relationship

Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Camper Sibling(s)

Name: \_\_\_\_\_ School: \_\_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_

## Emergency Contacts /Permission to Dismiss If You Are Unavailable (must be 18 or over)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime phone#: \_\_\_\_\_

## My Child May Not Be Dismissed To:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ \*Valid Restraining Order  
 Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  Yes  No

(If yes, you must attach copy of order)

Name of Legal Guardian: \_\_\_\_\_

Will your child need transportation?: \_\_\_\_\_ YES \_\_\_\_\_ NO

**\*\*Transportation Provided to Lynn Residents Only\*\***

### CHILD'S HEALTH HISTORY

Do you have medical insurance?  Private  Public(E.g., MA Health, Children's Medical Security)  No insurance

Name of Insurance Provider: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

#### Medical Information

(Please check all boxes that apply to your child, contact the nurse for additional confidential medical information).

- Asthma  Depression  Sickle Cell Anemia or Trait  Hernia
- Heart defect/disease  ADD/ADHD  Tuberculosis  Kidney Disease
- Diabetes  type I  type II  History of concussion with date(s) \_\_\_\_\_  Bleeding/clotting problems
- Convulsions/seizures (date of last seizure): \_\_\_\_\_ Type of seizure disorder: \_\_\_\_\_
- Other medical conditions/illnesses/disabilities \_\_\_\_\_
- Operations or serious injuries (dates) \_\_\_\_\_
- Special medical equipment required \_\_\_\_\_
- Allergies (food ,insects,medications,environment) \_\_\_\_\_ EpiPen  Yes  No
- Vision Problems(specify) \_\_\_\_\_ Wears eyeglasses  Yes  No Wears contacts  Yes  No
- Hearing Problems(specify) \_\_\_\_\_  Left ear  Right ear  Hearing aide

Date of last physical exam: \_\_\_\_\_ Restrictions (doctor's note required): \_\_\_\_\_  
(Copy/proof of physical required prior to school entry and in grades K, 4, 7 and 10. Please send to school nurse.)

Medication(s) your child is currently receiving: \_\_\_\_\_

#### Primary Care Provider

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

#### Dental Care Provider

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

#### PARENT AUTHORIZATION

- I give permission to the nurse to disclose pertinent medical information based on his/her nursing assessment and judgment to those school employees involved directly with my child's care and safety.  Yes  No
- I give permission for the school nurse to administer Tylenol to my child.  Yes  No
- I give permission for my child to be transported to the hospital and receive medical attention in the event that I cannot be reached in an emergency.  Yes  No
- This health history is correct so far as I know, and my child has permission to participate in all activities except as noted by me.  Yes  No

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**\*\*PLEASE NOTE\*\***

***In order for your child to leave camp premises with any person,  
We need to have WRITTEN permission from the legal guardian.***

I, \_\_\_\_\_, give my permission:

1. For my child to attend field trips under staff supervision that will require travel off camp premises within Massachusetts.  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. To provide required health records.  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. For the Lynn Special Needs Camp staff to the bus/van for pickup, and meet the bus/van when my child is brought home.  
YES \_\_\_\_\_ NO \_\_\_\_\_
4. For my child to be transported in program vehicles, including the Camp Vans.  
YES \_\_\_\_\_ NO \_\_\_\_\_
5. For my child to be photographed – photographs that may be used to describe programs, recognize accomplishments, and/or public relations.  
YES \_\_\_\_\_ NO \_\_\_\_\_
6. For my child to be included in videos recordings that may be prepared for in-service training, orientation, and/or public relations.  
YES \_\_\_\_\_ NO \_\_\_\_\_
7. For my child's name to be published in a Camp newsletter and/or the local newspaper.  
YES \_\_\_\_\_ NO \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**SKILLS AND BEHAVIOR CHECKLIST**

What recreational activities does your child enjoy?

- |                 |       |          |       |              |       |
|-----------------|-------|----------|-------|--------------|-------|
| Track and Field | _____ | Sewing   | _____ | Field Hockey | _____ |
| Soccer          | _____ | Painting | _____ | Crafts       | _____ |
| Baseball        | _____ | Coloring | _____ | Basketball   | _____ |
| Cooking         | _____ | Nature   | _____ | Hiking       | _____ |
| Gardening       | _____ | Skating  | _____ | Swimming     | _____ |
| Music           | _____ | Dancing  | _____ | Drama        | _____ |

Others: \_\_\_\_\_

Are there any adaptations that we should make to assure your child's participation in Camp activities? \_\_\_\_\_

Are there any activities in which you would like us to try, and encourage your child's participations: \_\_\_\_\_

Please state your child's swimming ability and attitude towards water. \_\_\_\_\_

Toileting Skills:

- |                                      |       |   |       |
|--------------------------------------|-------|---|-------|
| Completely trained                   | _____ | Has few accidents if toileted regularly | _____ |
| Trained but has occasional accidents | _____ | Not toilet trained                      | _____ |

Social & Behavioral Checklist:

- |   | YES   | NO    |
|---|-------|-------|
| Active member in a group                        | _____ | _____ |
| Is a good sport                                 | _____ | _____ |
| Can complete a game                             | _____ | _____ |
| Tires quickly of one game                       | _____ | _____ |
| Enjoys being a helper                           | _____ | _____ |
| Enjoys games with set rules                     | _____ | _____ |
| Able to care for belongings                     | _____ | _____ |
| Prefers to play with adults                     | _____ | _____ |
| Prefers to play alone                           | _____ | _____ |
| Participates in team games                      | _____ | _____ |
| Is shy with adults                              | _____ | _____ |
| Cannot follow rules                             | _____ | _____ |
| Plays cooperatively with others                 | _____ | _____ |
| Will conform to group rules                     | _____ | _____ |
| Requires close adult supervision                | _____ | _____ |
| Lacks discipline                                | _____ | _____ |
| Has been kept close to home                     | _____ | _____ |
| Will stray from group if not closely supervised | _____ | _____ |

**\*Please attach your child's updated physical forms\***