

Lynn Special Needs Camp

250 COMMERCIAL STREET

LYNN, MA 01905

781-477-7096

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

Dental Care Provider

 Name Phone Number

 Name Phone Number

PARENT AUTHORIZATION

1. 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
2. I give permission for the school nurse to administer Tylenol to my child. Yes No
3. 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
4. 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