

Lynn Special Needs Camp

250 COMMERCIAL STREET

LYNN, MA 01905

781-477-7096

LSNC01905@YAHOO.COM

2016 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