

Supplemental Information for Children with Medical Conditions and/or Support Services

Camper's Name: _____

If your child receives special services from his/her school or Board of Education or has any medical conditions or health concerns, information regarding such services can be helpful to assist your child in succeeding in our program. Please know that such information will be held in confidence. Please fill out the attached release and return with your program registration, or write a brief summary of information you feel would be helpful in assisting your child in the Parks & Recreation program.

SPECIAL SERVICES:

One on One/Personal Aid _____ Speech Therapy _____ Occup. Therapy _____
Physical Therapy _____ Special Education _____ Counseling _____ Other _____

COMMUNICATION:

Communication Board: (Owned _____ Borrowed _____) Sign Language: _____ Speech Delay: _____

SPECIAL EQUIPMENT:

Wheelchair _____ Braces _____ Hearing Aid _____ Retainers _____ Glasses _____ Feeding Tube _____
Stander _____ Child Requires Diapers _____ Earplugs _____ Other _____

Does your child need assistance in the restroom? YES _____ NO _____

BEHAVIOR:

Does your child have behavioral concerns that staff should be informed about?

At School? YES _____ NO _____ At Home? YES _____ NO _____

If Yes, describe: _____

Other Mental Health Concerns (i.e. social, generalized or separation anxieties, phobia, trauma, etc.):

YES _____ NO _____

If Yes, describe: _____

MEDICAL CONDITIONS:

Diabetes* _____ ADHD/ADD _____ Allergies* _____ Asthma* _____ Seizures* _____

Please Describe: _____

Please provide us with a list of daily medications: _____

***Supplemental Health Care Plans from your child's physician are required.**

Release

I hereby request the Coventry Public Schools to release and/or obtain the following confidential information regarding my child to Coventry Parks & Recreation:

Student's Name: _____

Street Address _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Date of Birth: _____ School: _____ Grade: _____

	<u>Obtain</u>	<u>Release</u>		<u>Obtain</u>	<u>Release</u>
Psychological/ Psychiatric	_____	_____	Medical I.E.P.	_____	_____
Educational Evaluation	_____	_____	PPT Minutes	_____	_____
Speech/Language	_____	_____	Other	_____	_____

Signature of Parent or Guardian

Date