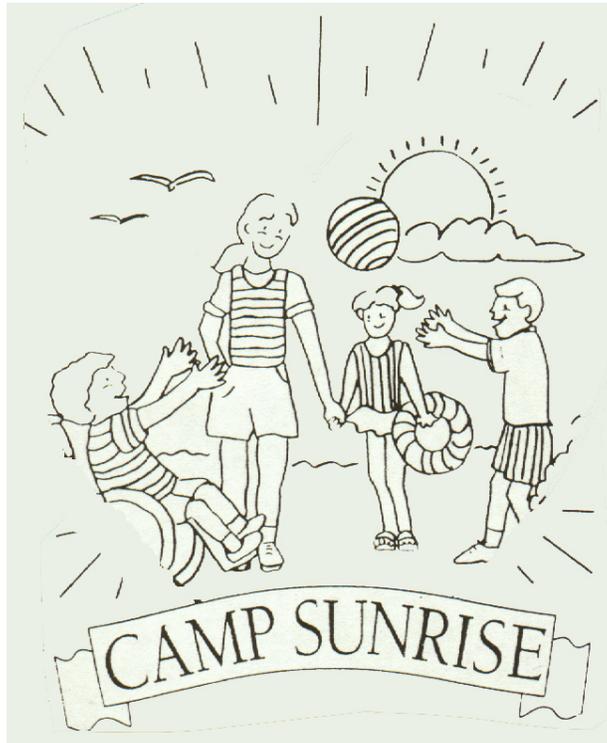


# CAMP SUNRISE

# 2012

**A summer recreational program for special needs children ages 3-21 with Physical, Intellectual, Developmental, and/or Other Health Impairments. Serving the towns of Glastonbury, Rocky Hill, Wethersfield, Newington and Cromwell.**



***Sponsored by the  
Glastonbury Parks and Recreation Department  
(860)652-7679***

**REGISTRATION BEGINS TUESDAY, FEBRUARY 7, 2012**

# CAMP SUNRISE INFORMATION

## CAMP SUNRISE CRITERIA CHECKLIST

Camp Sunrise has established certain criteria to safeguard all personnel and program participants. With this, the Glastonbury Parks and Recreation Department, as well as the Camp Sunrise staff, can provide safe, fun and enjoyable leisure experiences to all of its participants. Carefully read over the program criteria and be certain that your child is qualified to apply for the Camp Sunrise program.

*Please check off each criteria your child meets. If your child does not meet all of the criteria established for the Camp Sunrise program, do not proceed with the remainder of the application. Any exceptions are noted below.*

- Applicant must have some form of Physical, Intellectual, Developmental, and/or Other Health Impairment.
- Applicant must have a reported educational or medical diagnosis.
- Applicant must be a resident of Glastonbury, Rocky Hill, Cromwell, Wethersfield or Newington.
- Applicant must be fully independent unless the **parent/guardian or Board of Education** provides a paraprofessional or nurses aide.
- Applicant must have an acceptable Teacher Assessment Profile (See Teacher Assessment Profile for what is acceptable).
- Behavior must be manageable by recreational staff and should not hinder or interfere with other participants' recreational opportunities and/or experiences.

*EXCEPTION: Camp Sunrise will accept applicants who meet the following criteria established for the Camp Sunrise program. These participants will be required to complete all paperwork and pay an increased weekly fee for camp.*

- Applicant is a typical child and is a sibling of another camper or child of a staff member.

## THE PROGRAM

CAMP SUNRISE is sponsored and operated by the Parks and Recreation Departments in Rocky Hill, Wethersfield, Newington, Glastonbury and Cromwell. Camp runs for seven weeks from June 25-August 10. Hours are 9:00 a.m. to 3:00 p.m., Monday-Friday. The program will meet at the Smith Middle School Cafeteria. Each group participates in a variety of activity periods each day which include games, sports, art and crafts, nature walks and field trips. You may sign your child up for one to seven weeks. There will be no camp on July 4<sup>th</sup>.

A typical camp day consists of several planned activity periods throughout the day including sports, nature, arts and crafts and special events. Campers will swim at the Addison outdoor pool and your weekly schedule for camp will detail on which days your child swims. **Please make sure your child brings a lunch every day (except where noted) and a towel and bathing suit on days they are swimming.**

## REGISTRATION

Registration packets can be picked up at the Glastonbury Parks and Recreation Department, 1086 New London Turnpike, Glastonbury, CT 06033, 8:00 a.m. to 4:30 p.m., Monday through Friday or the Parks and Recreation Department of a participating Town. Applications are also available for download at [www.glastonbury-ct.gov](http://www.glastonbury-ct.gov). **REGISTRATION BEGINS TUESDAY, FEBRUARY 7, 2012.** Checks should be made payable to "Camp Sunrise". If possible, full payment with registration is encouraged. While there is no registration deadline, early registration is recommended since the program fills quickly. **RETURN COMPLETED APPLICATIONS TO:**

CAMP SUNRISE  
C/O Glastonbury Parks and Recreation  
2155 Main Street  
PO Box 997  
Glastonbury, CT 06033

## FEES

The fee for summer camp is \$70/week (with the exception of typical siblings). The fee cannot be prorated for the number of days your child will attend per week. Admission for all field trips, as well as juice for the morning and lunch is included in the cost. A minimum deposit of fifty percent (50%) is required at the time of registration. No refunds will be issued once your child begins camp.

## HEALTH & MEDICATION FORMS

Each camper is required to submit a completed "Camp Sunrise Health Form" prior to his/her arrival at camp. A doctor must perform the required medical exam. If your child will require medication during the camp day, you must also complete the "Authorization for the Administration of Medication Form" enclosed. The deadline for submitting these forms is Monday, June 4 with the final payment for camp.

## CAMPER ASSESSMENT

Please give the camper assessment profile to your child's teacher to be completed and returned with your application by Monday, June 6. Information in the form will be used to establish proper group placement for your child.

## TRANSPORTATION

Transportation for field trips is provided for ALL campers. In some cases, transportation may be provided to and from camp. If you have a question regarding transportation or would like to inquire if transportation is provided to and from camp through your town, please contact the appropriate person from your town below:

Cromwell  
Sue Schein  
(860)632-3467  
[sschein@cromwellct.com](mailto:sschein@cromwellct.com)

Glastonbury  
Anna Park  
(860)652-7679  
[anna.park@glastonbury-ct.gov](mailto:anna.park@glastonbury-ct.gov)

Wethersfield  
Natalie Morrison  
(860)721-2952  
[natalie.morrison@wethersfieldct.com](mailto:natalie.morrison@wethersfieldct.com)

Rocky Hill  
Livia Jacobs  
(860)258-2784  
[ljacobs@ci.rocky-hill.ct.us](mailto:ljacobs@ci.rocky-hill.ct.us)

Newington  
Karen Gallicchio  
(860)665-8671  
[kgallicchio@newingtonct.gov](mailto:kgallicchio@newingtonct.gov)

## THE STAFF

Camp Sunrise consists of a Director who oversees all of the groups and maintains communication with the Parks and Recreation Department. The Assistant Director reports to the Director and assists each of the Group Leaders with daily tasks and coordinates all volunteers. Campers are grouped by age and ability into six different groups. Each of these groups has their own Group Leader and some of the groups also have an Assistant Group Leader. We also utilize many high school age volunteers throughout the summer. The camper to staff ratio is usually around 5:1. Our staff consists of college age or older individuals who have had experience working with special needs children. Many of our staff members are studying to be teachers or special educators. The Director and Assistant Director are certified in first aid and CPR and medication administration. All staff has received "PMT (Physical/Psychological Management Training)".

## WEEKLY SCHEDULE

Typical activities include arts and crafts, swimming, sports and other special event activities. A weekly schedule will be brought home with your camper on the first day of each week of camp. It contains important information regarding field trips, special events, etc. It is essential that you read through the information thoroughly, as specific requirements may differ for each trip. Prior to the beginning of camp, you will also receive a program calendar that covers all seven weeks of camp and details swimming days when your child should bring a bathing suit, towel and change of clothes. We strongly suggest that campers apply sunscreen in the morning prior to camp. Additionally, we encourage campers to have sunblock (minimum SPF 15) with them at camp at all times as campers are outside on a regular basis.

## SWIMMING

Campers, staff and volunteers will **WALK** to Addison pool for swimming as listed on their weekly schedules. The walk is approximately ½ mile and transportation is provided back to the camp site after swimming. This is a free swim and does not include any formal lessons. You will need to send your child to camp with a towel, bathing suit, and change of clothes on any day they have swimming on their schedule. Most Group Leaders and volunteers will be in the water with the campers. Those campers with little or no swimming ability will be at the shallow end of the pool with swimming aids and one to one assistance from camp staff or in the wading pool. Those campers with a higher level of swimming ability may swim in the deep end of the pool. Certified lifeguards ensure safety at the pool with support from our staff. If your child is not toilet trained or is prone to accidents, they **MUST** wear swim diapers.

## FIELD TRIPS

Campers will attend at least one group field trip per week. There will be some whole camp field trips during the course of the summer. Parents/Guardians are encouraged to attend any field trips, but you must provide your own transportation. You may call Camp Sunrise to obtain directions and expected arrival information. All field trip days are detailed in your weekly schedule. Transportation by school bus and/or van is provided to and from all field trips.

## LAST WEEK OF CAMP

The last week of camp is devoted to color games which are similar to camp Olympics. There are no field trips that week. The last day of camp is always a half day (11:45 a.m. dismissal) to prepare for the end of camp banquet.

## ADDITIONAL FEES

On occasion staff may ask for fees to cover the cost of items for special events/activities (i.e., ice cream, pizza, etc.) These are always optional and for those who choose to participate. Additional spending money for off-site activities is not required, but is recommended. **Please put a note in your child's backpack if you are sending money for a specific reason. Please be as detailed as possible with correspondence.**

## CAMPER SHIRTS

All campers will receive a Camp Sunrise shirt which corresponds with the color of their group. This is a thank you for registering, as well as a safety measure. We ask that all campers wear their camp shirts on all field trip days.

## PROGRESS NOTES

Each week, your child's Group Leader will send home at least 1 note to let you know how your child is doing at camp. These notes are meant to keep you informed of special things that have happened at camp. Please make sure to check their bags on a daily basis. Staff has many responsibilities throughout the day. If you have specific concerns, have sent something with your child to camp for a specific purpose or would like more feedback from staff, please contact camp directly. Progress notes are NOT meant to be the only communication between parents and staff and will only provide a snapshot of the day's activities.

## LUNCH

Campers must bring lunch to camp every day. If your child has special dietary concerns, please indicate so on your application. Juice for lunch and snack will be provided.

## CAMP SUNRISE PHONE & PHONE NUMBERS

All phone contact with the camp should be directed through the Glastonbury Parks and Recreation Department prior to the start of camp at (860)652-7679. For questions related specifically to transportation, contact your local Parks and Recreation Department. The Camp Sunrise Phone will not be hooked up until the start of camp. **PLEASE DO NOT CALL THAT NUMBER UNTIL CAMP BEGINS!**

Glastonbury Parks and Recreation Department  
(Contact: Anna Park) (860)652-7679

Camp Sunrise Phone (860)652-7025 (Press 5)

## CAMP SUNRISE REGISTRATION CHECKLIST

**Complete application must be legible and include: (please check)**

- Camp Sunrise Application (**Registration begins Tuesday, February 7, 2012**)
- Camp Sunrise Teacher's Assessment Profile (**Due by June 4, 2012**)
- Recent Photo of your Child - NEW CAMPERS ONLY (**Due by June 4, 2012**)
- A Minimum 50% Deposit – Balance can be Paid in Full if Desired (**Due Upon Registration**)
- Health Examination Form Provided by a Licensed Physician (**Due by June 4, 2012**)
- Medication Authorization Form if your Child Requires Medication During Camp (**Due by June 4, 2012**)
- Final Payment (**Due by June 4, 2012**)

All forms **MUST** be completed (including the registration form, the health form, assessment form, and medication authorization) by the deadline. **Failure to turn in paperwork by the deadline will result in loss of your space in the Camp Sunrise program.**

# CAMP SUNRISE APPLICATION

Registration begins Tuesday, February 7, 2012. A minimum 50% deposit of the TOTAL DUE CAMP SUNRISE is due at the time of registration. All paperwork is also due on this date with the exception of the Health Examination Form, Teacher Assessment Form and Camper Photo (new campers only) which are due with your final payment on June 6, 2011. Please check the appropriate box next to the week(s) you would like to have your child enrolled:

Please note: Camp does not meet on Wednesday, July 4\*. Fees will not be pro-rated for the number of days your child will attend per week. NO REFUNDS will be issued once your child begins camp.

- WEEK #1 (JUNE 25-JUNE 29)
- WEEK #2 (JULY 2-JULY 6)\*
- WEEK #3 (JULY 9-JULY 13)
- WEEK #4 (JULY 16-JULY 20)
- WEEK #5 (JULY 23-JULY 27)
- WEEK #6 (JULY 30-AUGUST 3)
- WEEK #7 (AUGUST 6-AUGUST 10)

TOTAL WEEKLY FEES \_\_\_\_\_ WEEKS @ \$70/WEEK = \$ \_\_\_\_\_  
 TOTAL WEEKLY FEES \_\_\_\_\_ WEEKS @ \$110/WEEK = \$ \_\_\_\_\_  
(Typical Children that are Siblings of Camper or Child of Staff Member ONLY)  
 TOTAL DUE CAMP SUNRISE \$ \_\_\_\_\_

## PAYMENT OPTIONS

- Check Enclosed (Make Payable to "Camp Sunrise")

I authorize the Town of Glastonbury to charge my credit card the amount indicated above:

Name on the Card \_\_\_\_\_

Mastercard      Exp      Code

Visa      

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Discover

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are waiting for financial assistance through **ANY** agency, please complete the following information. **Please Note: It is your responsibility to obtain payment from this agency and make payment to Camp Sunrise by the deadline. Please plan accordingly.**

Agency providing Assistance \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_  
 Agency Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 \_\_\_\_\_ (For Office Use Only) \_\_\_\_\_

Date: \_\_\_\_\_ Deposit: \$ \_\_\_\_\_ Payment Type: \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Deposit: \$ \_\_\_\_\_ Payment Type: \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ Deposit: \$ \_\_\_\_\_ Payment Type: \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

- Health Form
- Camper Assessment Profile
- Full Payment
- Authorization of Medication Administration

# CAMP SUNRISE APPLICATION

This application is to be completed by individuals 18 years or older or by the parent or guardian. Please type or print in ink. Provide all information in detail using "N/A" when a question does not apply. The Glastonbury Parks and Recreation Department reserves the right to not accept any applicant for the program if it is felt that applicant does not meet the program criteria.

**Registration Begins:** Tuesday, February 7, 2012  
**Glastonbury Parks and Recreation Department**  
**2155 Main Street**  
**PO Box 997**  
**Glastonbury, CT 06033.**

## PART 1. IDENTIFICATION INFORMATION (Please Type or Print Legibly)

Camper's Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

School/Grade \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Parent/Guardian Name (Mr. Ms. Mrs.) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Parent/Guardian Name (Mr. Ms. Mrs.) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Emergency Contact (Mr. Ms. Mrs.) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

T-Shirt Size (S M L XL): Adult \_\_\_\_\_ Child \_\_\_\_\_ (shirts will be 100% cotton)

# CAMP SUNRISE APPLICATION

## PART 2. INFORMATION RELATING TO NEEDS

Primary Disability: Please Describe in Detail:

Secondary Disability (if there is one): Please Describe in Detail:

If intellectual disability is involved, is applicant classified as:

Mild  Moderate  Severe  Profound

Functional Level (academic, physical, social, emotional): Please describe:

## PART 3. INFORMATION RELATING TO PHYSICAL CARE

### **MOBILITY**

Applicant uses the following special equipment:

Wheelchair  Hearing Aid  Eye Glasses  
 Leg Braces  Crutches  Artificial Limb

Please comment on any special equipment care requirements or suggestions:

Applicant walks:

Unaided  Needs assistance w/steps, slopes  
 Needs assistance w/braces, crutches  Needs assistance w/short distance

Applicant uses wheelchair:

All the time  Some of the time  Needs chair for distances

Can applicant travel without wheelchair?  Yes  No

Does applicant need wheelchair assistance?  Yes  No

Is wheelchair motorized?  Yes  No

Can wheelchair be folded?  Yes  No

Does applicant need support for head balance?  Yes  No

Does applicant need support for sitting balance?  Yes  No

Can applicant walk up bus/van stairs?  Yes  No

Please comment on preferred transferring technique:

### **SUPERVISION**

Applicant needs:

Close supervision  General supervision  Independent

Does applicant wander away from group?  Yes  No

# CAMP SUNRISE APPLICATION

## LIFE SKILLS

Assistance needed for dressing:

At all Times  Close Supervision  
 General Supervision  Independent

Please describe the time and any special assistance needed for applicant to dress/undress:

Does applicant require tube feeding, catheterization or other medical procedures?  Yes  No  
**(It is the parent's or the Board of Education's responsibility to provide a one to one assistant)**

If yes, please explain:

Will applicant have a one to one assistant?  Yes  No

If yes, please provide name and phone number of individual \_\_\_\_\_

**(It is the parent's or the Board of Education's responsibility to provide a one to one assistant)**

Is applicant toilet trained?  Yes  No

Does applicant have occasional accidents?  Yes  No

## COMMUNICATION

Does applicant communicate fully?  Yes  No

Does applicant speak clearly?  Yes  No

Does applicant use a communication device?  Yes  No

Does applicant use sign language?  Yes  No

Additional comments regarding communication needs/methods:

## PART 4. APPLICANT PROFILE INFORMATION

Please list applicant's interests, hobbies, etc:

Applicant:  is outgoing  is shy  
 relates well with peers  does not relate well with peers  
 relates to all age groups  relates to particular age groups

Does applicant get angry or frustrated easily?  Yes  No

If yes, please describe:

Does applicant have behavior/emotional problems?  Yes  No

If yes, describe:

Applicant Swims:  Unaided  Needs assistance  Wears Lifejacket  
 Shallow End Only  Wading Pool Only  Proficient Swimmer

Please describe any fears/concerns regarding swimming:

# CAMP SUNRISE APPLICATION

## PART 5. APPLICANT SUMMER SCHOOL INFORMATION

If the applicant will be attending summer school, camp staff will contact the parent/guardian to make arrangements for field trip days. The parent/guardian will need to decide whether to send the applicant to school or camp on any field trip days.

Applicant will be attending summer school during the Camp Sunrise day: \_\_\_\_ Yes \_\_\_\_ No

Please specify days/dates of summer school: \_\_\_\_\_

Please specify location of summer school: \_\_\_\_\_

Applicant will be bussed from summer school to Camp Sunrise: \_\_\_\_ Yes \_\_\_\_ No

Please specify what time applicant will be arriving at Camp Sunrise: \_\_\_\_\_

## PART 6. APPLICANT BEHAVIOR INFORMATION

Has applicant displayed any overt physical or verbal aggression? \_\_\_\_ Yes \_\_\_\_ No

If yes, describe:

Is applicant able to follow directions? \_\_\_\_ Yes \_\_\_\_ No

If no, please describe appropriate alternatives:

Is applicant able to sit and listen for 15 minutes? \_\_\_\_ Yes \_\_\_\_ No

If no, please describe appropriate alternatives:

Please list or describe any fears, worries, or concerns applicant may have:

**NEW CAMPERS PLEASE NOTE:** Upon receipt of your application, you will receive a call to discuss the information you have provided. This will help us to place your child in an appropriate camp group and to ensure appropriateness of the Camp Sunrise program for your child. Prior to the start of camp, the Group Leader to which your child has been assigned will be in contact with you to answer any additional questions you may have.

**PAST CAMPERS PLEASE NOTE:** Your child will be placed in an appropriate camp group based on the information you have provided and from past camp experience. If you would like the Group Leader to which your child has been assigned to contact you prior to the start of camp, please indicate so by checking the box below.

I WOULD LIKE CAMP SUNRISE STAFF TO CONTACT ME PRIOR TO THE START OF CAMP

# CAMP SUNRISE APPLICATION

## PART 7. PERMISSIONS

As part of the Camp Sunrise program, participants will have the opportunity to go on field trips. Should an incident or accident occur, our staff is trained in taking necessary action to provide the best care for your child. Some field trips are optional and will require a separate permission slip that will be sent home with campers.

### **FIELD TRIP PERMISSION – MANDATORY**

- I give my child permission to attend any and all scheduled field trips for the Camp Sunrise program. I give full permission for Camp Sunrise staff to make knowledgeable and appropriate decisions based on my child's condition or behavior.

### **PROTECTIVE HOLD PERMISSION – MANDATORY FOR ABLE BODIED PARTICIPANTS**

- I give permission for staff to implement a protective hold on my child in the event that he/she is physically acting out, endangering themselves or another. I realize that protective holds will **only be used as a last resort** and I give full confidence that staff will make knowledgeable and appropriate decisions regarding my child's behavior. I understand that all staff has received PMT (Physical/Psychological Management Training) and I can find out more information about this training on their website at [www.pmtassociates.com](http://www.pmtassociates.com)

### **RELEASE PERMISSION – OPTIONAL**

- I give permission for films or photographs of the above named applicant to be used in Glastonbury Parks and Recreation Department's public relations program when deemed appropriate by the camp directors.

***By signing the line below, I give full permission to all of the above checked criteria***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## PART 8. PICK-UP AUTHORIZATION

The camp directors or designee, reserves the right to send a participant home if ill, misbehaving, if there are safety issues with self, other participants or for any other significant reason. If participant must be sent home and parent/guardian can not be reached, the following persons have consented and have permission to care for the participant. In addition, the following persons also have permission to pick up the participant in the absence of the parent/guardian in the event regular transportation by town vehicle is unavailable.

**(Proper identification must be shown in order to release participant with persons other than parent/guardian)**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

# CAMP SUNRISE HEALTH EXAMINATION FORM

RETURN BY MONDAY, JUNE 4, 2012

**PART 1: To be completed by Parent/Guardian**

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian (or Spouse) \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Health Care Provider \_\_\_\_\_

Health Insurance Company/Number \_\_\_\_\_

If not available in an emergency, notify:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Please check answers to the following questions in columns on the left. (Explain all "yes" answers in the space provided below.)**

Yes No

1.   Do you have any concerns about your child's general health (overall eating and sleeping habits, teeth, etc.)?
2.   Has your child been diagnosed with any chronic disease?  asthma  diabetes  seizure disorder  other
3.   Does your child have any allergies (food, insects, medication, latex, etc.)?
4.   Does your child take any medications (daily or occasionally)?
5.   Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?
6.   Has your child had any hospitalization, operation, major illness or injury, or significant accident? (Please specify)
7.   In the last 12 months, has your child experienced any difficulty with wheezing, excessive coughing or excessive night waking? (Please specify)
8.   In the last 12 months, has your child experienced any difficulty with excessive weight loss or weight gain, or excessive thirst or urination? (Please specify)
9.   Does your child have health insurance?
10.   Does your child have dental insurance?

Please explain any "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

\_\_\_\_\_  
\_\_\_\_\_

Please Describe your Child's Disability in Detail \_\_\_\_\_

\_\_\_\_\_

Toilet Trained? Yes \_\_\_\_\_ No \_\_\_\_\_ Occasional Accidents? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child presently on any form of medication? \_\_\_\_\_ If so, you must fill out the authorization for the Administration of Medication form. Please list medications your child will need during camp:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL EXAMINATION (To be filled out by licensed physician)**

CODE: S - Satisfactory X - Not Satisfactory (Explain) O - Not Examined

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ HGB \_\_\_\_\_ Urinalysis \_\_\_\_\_  
Eyes \_\_\_\_\_ Extremities \_\_\_\_\_  
Glasses \_\_\_\_\_ Posture (spine) \_\_\_\_\_  
Ears \_\_\_\_\_ Skin \_\_\_\_\_  
Nose \_\_\_\_\_ Allergy: Please specify \_\_\_\_\_  
Throat \_\_\_\_\_ \_\_\_\_\_  
Teeth \_\_\_\_\_ \_\_\_\_\_  
Heart \_\_\_\_\_ \_\_\_\_\_  
Lungs \_\_\_\_\_ General Appraisal: \_\_\_\_\_  
Abdomen \_\_\_\_\_ \_\_\_\_\_  
Hernia \_\_\_\_\_ \_\_\_\_\_

**RECOMMENDATIONS AND RESTRICTIONS:**

Special Diet \_\_\_\_\_  
Special Medicine (Name) \_\_\_\_\_  
Swimming, Diving \_\_\_\_\_  
Strenuous Activity \_\_\_\_\_  
Other \_\_\_\_\_

**IMMUNIZATION HISTORY:** Required immunizations must be determined locally. This is a record of dates of basic immunizations & most recent booster doses.

DTP Series \_\_\_\_\_ Booster \_\_\_\_\_ Tetanus Booster \_\_\_\_\_  
Polio OPV (Sabin) \_\_\_\_\_ Booster \_\_\_\_\_ Typhoid \_\_\_\_\_  
Measles Vaccine (live) \_\_\_\_\_ Tuberculin Test \_\_\_\_\_  
German Measles (Rubella) \_\_\_\_\_ Mumps Vaccine (live) \_\_\_\_\_  
Smallpox \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

I have examined the person herein described and have reviewed his or her health history. It is my opinion that he/she is physically able to participate in Camp Sunrise.

\_\_\_\_\_  
M.D.  
Telephone (Area Code and Number) \_\_\_\_\_ Examining Physician \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED HEALTH FORM TO:**

CAMP SUNRISE  
C/O Glastonbury Parks and Recreation  
2155 Main Street  
PO Box 997  
Glastonbury, CT 06033

## GLASTONBURY PARKS & RECREATION DEPARTMENT AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

If your child is on medication or requires medication in the event of an emergency, parents **MUST** provide the following information:

### **IF CHILD WILL NEED TO TAKE MEDICATION DURING PROGRAM HOURS (ritilin, prescription drug, etc.)**

1. Complete the "Authorization for Administration of Medication" form attached.
2. Parents will be asked to provide program Staff with pre-measured dosages of the prescribed medication. It must be in the original container and properly labeled by a physician or pharmacist.

### **IF CHILD REQUIRES MEDICATION IN THE EVENT OF AN EMERGENCY (epipen, asthma inhaler, etc.)**

1. Complete the "Authorization for Administration of Medication" form attached.
2. If your child requires an Epipen you must provide a **WRITTEN TREATMENT FORM** from your Physician or Allergist. Most will have their own form. If they do not, the Treatment Form must include the following:
  - Patients Name, Date of Birth, Address & Phone
  - Physicians Name, Telephone and Signature
  - Signature of Parent or Guardian
  - Specific Condition, Allergy, etc.
  - Description of Symptoms
  - What to Do: **Specific Step By Step Instructions** of how to administer medication if we believe the child has ingested or come into contact with something they are allergic to, or if they are displaying symptoms.
3. Parents will be asked to provide the program Staff with pre-measured dosages of the prescribed medication in the original container and properly labeled by a physician or pharmacist.

### **POLICY FOR CHILDREN WITH FOOD ALLERGIES:**

- The primary safeguard for a child with food allergies is for the child to consume only food/snacks that he/she bring to the program each day.
- Staff will enforce strict no food trading/sharing rules. Table surfaces will be washed clean and children will wash their hands after snack/food.
- **We do assume the child with an allergy has been instructed by the Parent/Guardian not to touch, trade or share food with anyone else.**
- The written treatment plan of emergency procedures for your child's food allergy and instructions for administering the Epipen are **REQUIRED**. Not all of our staff are certified in this procedure and will use the instructions to **ASSIST THE CHILD** in an emergency if necessary.

So that program staff may be prepared to handle an emergency situation, the forms must be on file **BEFORE** your child attends. Return the forms to the Parks and Recreation office prior to the start of the program. If you have any questions, contact the Parks & Recreation Office at (860)652-7679.

**GLASTONBURY PARKS & RECREATION DEPARTMENT  
RETURN BY MONDAY, JUNE 4, 2012**

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION**

*(Allergies requiring an epipen must provide a written Treatment Form from your Physician/Allergist)*

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Check the program(s) your child is registered for:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Awesome Adventure/LIT | <input type="checkbox"/> Mini Camp    | <input type="checkbox"/> Kangaroo Kids |
| <input type="checkbox"/> Mini/Skyhawks         | <input type="checkbox"/> Kiddie Kamp  | <input type="checkbox"/> Playgrounds   |
| <input type="checkbox"/> Kinder Camp           | <input type="checkbox"/> Camp Sunrise | <input type="checkbox"/> Other _____   |

Dates/Sessions he/she will attend \_\_\_\_\_

Location of Program \_\_\_\_\_

Condition for which the medication is begin administered \_\_\_\_\_

Name of Drug, dose and method of administration \_\_\_\_\_

Time of Administration \_\_\_\_\_

Medication shall be administered from \_\_\_\_\_ (Date) to \_\_\_\_\_ (Date)

Relevant side effects to be observed, if any \_\_\_\_\_

If there are side effects, what is the plan for management \_\_\_\_\_

**TO PROGRAM STAFF:**

I hereby request the above medication for my child, \_\_\_\_\_ be administered by Glastonbury Parks & Recreation Department Staff. I understand that I must supply Staff with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will provide no more than a 5 day supply of said medication.

**I understand that the medication will be destroyed if it is not picked up within one week following the termination of the order or one week beyond the end of the last session of the program attended.**

Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian's Telephone \_\_\_\_\_ (Day) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Parent/Guardian's Address \_\_\_\_\_

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

RETURN BY MONDAY, JUNE 4, 2012

# CAMP SUNRISE CAMPER ASSESSMENT PROFILE

CHILD'S NAME \_\_\_\_\_

I authorize the release of my child's informational assessment to Camp Sunrise. I wish to have the following evaluation completed by my child's teacher and understand that the material will be used to establish proper placement for my child in Camp Sunrise, and will remain confidential.

\_\_\_\_\_  
Parent/Guardian Signature Date

**TEACHER INSTRUCTIONS:** Please provide a brief evaluation of this child's program and resulting progress during the past school year. The completed form should be either returned to the parent or mailed to Camp Sunrise, c/o Glastonbury Parks and Recreation Department, 2155 Main Street, PO Box 997, Glastonbury, CT 06033, ATTN: Anna Park, Recreation Supervisor.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Program \_\_\_\_\_

Student's Exceptionality \_\_\_\_\_

Teacher's Name \_\_\_\_\_ School Phone \_\_\_\_\_

Teacher's E-Mail \_\_\_\_\_

What is a good time of day to contact you? \_\_\_\_\_

Check if applicable:       Physical Limitations       Intellectual Disability  
                                  Social/Emotional Difficulty       Other

How might the above interfere/affect the child's performance in a camp program setting (recreational activities, socialization skills, ability to communicate, etc...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be specific in describing the level of functioning in the following areas:

Gross Motor \_\_\_\_\_

\_\_\_\_\_

Fine Motor \_\_\_\_\_

\_\_\_\_\_

Language \_\_\_\_\_

\_\_\_\_\_

Self Help \_\_\_\_\_

\_\_\_\_\_

Describe any educational or behavioral goals & objectives which might be incorporated into this child's camp program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any strategies, interventions, or reinforcers you have used successfully when working with this child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please use this space for any additional information you feel might be helpful to us in working with this child (interests, hobbies, favorite activities, etc...):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_