

RADNOR TOWNSHIP PARKS & RECREATION DEPARTMENT

Participant Information Form - PAGE 1 OF 2

To best serve the needs of program participants with various medical/special conditions, we require the following information to assist our staff in understanding the participant and to make every effort to accommodate them. Please choose the respective category below that best describes the corresponding participant. Please submit this completed form to our Department in advance of the start of your program so that the information can be evaluated. You may be contacted for more information.

PARTICIPANT INFORMATION

PARTICIPANT'S NAME _____ **AGE** _____ **GENDER:** _____

ADDRESS _____ **CITY** _____ **PHONE** _____ - _____ - _____

SCHOOL _____ **SEPT . GRADE** _____ **EMAIL (parent/guardian)** _____

PHYSICIAN'S NAME _____ **PHONE** _____ - _____ - _____

PROGRAM(S): _____

Life-Threatening Medical Conditions

- Peanut Allergy Does participant carry Epi Pen? Yes No
- Insect Sting Allergy Does participant carry Epi Pen? Yes No
- Other Allergy (Dietary, Environmental, etc.) Does participant carry Epi Pen? Yes No

Medical Condition (cardiac, diabetes, epilepsy, nervous system disorders, asthma, or other)

Does participant carry special medication, insulin, inhaler, etc.? Yes No

Indicate Specific Allergy or Condition _____

Please describe the allergy or condition in more detail. The more information you provide, the better we can attempt to prepare and handle the corresponding situation. Please feel free to use the back of this form to provide more information and special instructions.

*For participants in this category, identification bracelet or other item is highly recommended.

*For participants who carry Epi Pen and attend Radnor Day Camp - two Epi Pens are recommended - one that your child carries in their backpack and one that is placed in the camp office.

Non Life-Threatening Medical Conditions

- Cognitive Condition (Down Syndrome, Autism, etc.) Is extra support required at school Yes No
- Behavioral Condition (ADHD, ODD, etc.) Is extra support required at school Yes No
- Physical Condition Is extra support required at school Yes No
- Other Condition _____

Does participant take special medications of which the staff should be aware? Yes No

Does condition affect the safety of the participant? Yes No

Is extra support or assistance required for basic care? Yes No

Does participant have an Individualized Educational Plan or other form of accommodations at school? Yes No

(Please provide a copy of IEP or other school report for accommodations if you feel this will help our staff)

If support is required, will participant attend with their own support provided by the family**? Yes No

If support is required, are you requesting support from Radnor Township**? Yes No

**Radnor Day Camp makes every effort to make accommodations for campers with a variety of special needs including food allergies, mental, and physical disabilities. If a participant receives staffing-related support or assistance during the school year, Radnor Day Camp will make every attempt to provide similar staffing-related support or assistance at the request of the family. I understand that if I am making this request for my child that it is not guaranteed and is contingent upon the camp hiring process. Therefore, I understand that my child's registration and participation in camp may not be guaranteed unless appropriate staffing-related support or assistance has been obtained.

If yes to any of the above questions, please describe the condition in more detail. The more information you provide, the better we can attempt to prepare and handle the corresponding situation. Please feel free to use the back of this form to provide more information and any special instructions.: _____

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