



Mecklenburg County Park and Recreation

Dear Parents/Guardians:

Welcome to MCPR's Therapeutic and Inclusive Recreation Services 2020 Summer Camp. We are looking forward to an exciting summer and can't wait to start the adventure with your camper. Inside this parent manual you will find required paperwork we need to receive prior to the camp dates so we can provide a fun, safe environment. All required and applicable paperwork must be returned to your specific site supervisor by **June 10th 2020**. If you have any questions about camp, staff is available to assist you. Please email the forms directly to the Therapeutic Recreation Specialist corresponding to your camp listed below:

Central Location – To Be Announced in March 2020

Sr. Therapeutic Recreation Manager - Kristina Cudney –

Kristina.Cudney@MeckNC.Gov

Youth – Shawn Whitman – Shawn.Whitman@MeckNC.gov

Teens – Danielle Dobbs-Jackson – Danielle.Dobbs@MeckNC.Gov

North Location – To Be Announced in March 2020

Recreation Supervisor - Vernice Gallon Clyburn –

Vernice.GallonClyburn@MeckNC.Gov

Youth – Candice

Moore – Candice.Moore@MeckNC.gov

Teens – Carina Castro – Carina.Castro@MeckNC.Gov

South Location – To Be Announced in March 2020

Recreation Supervisor - Stacey Thomas – Stacey.Thomas@MeckNC.Gov

Youth – Katie Culbreth – Katherine.Culbreth@MeckNC.gov

Teens – Maddy Jones – Madeline.Jones@MeckNC.Gov

Parent Authorization Form

Camper's Name: _____ Preferred name: _____

Birth Date: _____ Current Age: _____

Parent/Guardian Name (1): _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Day/cell) _____ (Home): _____

Email Address (best for camp communication): _____

Parent/Guardian Name (2): _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Day/cell) _____ (Home): _____

Email Address (best for camp communication): _____

Emergency Contacts: (Must be completed. Should know the camper well and/or be able to assist in reaching the parent/guardian.)

Name: _____ Cell: _____ Other: _____

Name: _____ Cell: _____ Other: _____

Name: _____ Cell: _____ Other: _____

Primary Diagnosis: _____

Additional Information: _____

Secondary Diagnosis: _____

Additional Information: _____

Additional Diagnosis: _____

Additional Information: _____

Participant Identification Sheet

In the unlikely event that your camper becomes lost/separated from the group or needs to be taken to the hospital during camp, this information will be shared with necessary corresponding agency (Police, EMT and / or other search teams) to identify, locate or help your camper. This information will not be shared or distributed for any other purpose.

Full Name: _____ Date Completed: _____

Nickname: _____

Address: _____

Date of Birth: _____

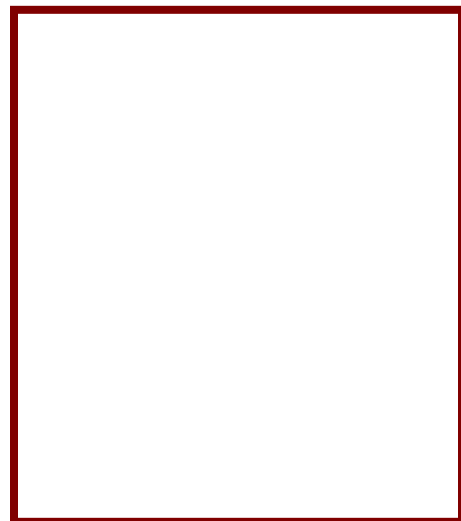
Sex: Male Female

Height: ft / in Weight: lb.

Race: _____

Hair Color: Eye Color: _____

All Current Medications: _____



All allergies (Medication, Food, Nature, etc): _____

Other characteristics (glasses, braces, piercing, scars, birthmarks, etc.): _____

Approach, calming or de-escalation techniques most likely to work: _____

Method of communication, if nonverbal, sign language, picture board, written words: _____

Do they carry a cell phone: If "Yes" provide the phone number: _____

Emergency Contact Name: Number: _____

Emergency Contact Name: Number: _____

Emergency Contact Name: Number: _____

Emergency Contact Name: Number: _____

Emergency Contact Name: Number: _____

Authorization for Emergency Medical Treatment

I hereby grant permission for the participant to take part in the Summer Day Camp program, which is sponsored by the Mecklenburg County Park & Recreation Department.

I agree on behalf of myself and the participant not to make any claims or demands of any kind against Mecklenburg County or any of its employees or agents for any loss or injury that the participant might sustain while engaged in the Summer Day Camp program, including transportation to and from the program site.

I authorize such physician or medical staff as the Mecklenburg County Park and Recreation Department may designate to carry out any minor medical/surgical treatment and/or medication necessary, or to take the participant to the nearest emergency facility, and I/we further authorize its medical staff to provide any treatment deemed necessary for the well-being of participant.

Please Initial: _____

Conditions/Concerns

Does the camper currently have or has the participant been treated for any of the following (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Have seasonal allergies | <input type="checkbox"/> Had fainting or dizziness |
| <input type="checkbox"/> Has sensitive or fair skin | <input type="checkbox"/> Had a recent injury |
| <input type="checkbox"/> Passed out / Had chest pain during activities | <input type="checkbox"/> Use oxygen support during camp |
| <input type="checkbox"/> Have frequent diarrhea, constipation or stomachaches | <input type="checkbox"/> Ever have back / joint problems |
| <input type="checkbox"/> If female, have problems with menstruation or periods | <input type="checkbox"/> Have frequent bloody nose |
| <input type="checkbox"/> Have problems with falling asleep/staying awake | <input type="checkbox"/> Have motion sickness |
| <input type="checkbox"/> Have a history of a head or spinal injury | <input type="checkbox"/> Has sensory issues |
| <input type="checkbox"/> Upset by a change of staff working with him/her | <input type="checkbox"/> Upset by change in routines |
| <input type="checkbox"/> Upset by changes in the environment | <input type="checkbox"/> Other, please detail: |

I am requesting the following forms to complete that are specific to my camper (some forms may require physician signatures):

- | | | |
|---|------------------------------|-----------------------------|
| Allergy Action Plan and Form | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma Action Form | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food Allergy Forms and Guidelines | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medication Administration Form(s) - (Including EpiPen's and Inhalers) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seizure Information and Forms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Diet Form | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Medication Information

List all Medications and Supplements (prescription only) that will be taken at camp. Please make sure to include dosage and frequency, and how to administer if taken at camp (ex: hide in food, mix with drink, etc.)

Medication Name:

Dosage:

Frequency:

How to administer:

Medication Name:

Dosage:

Frequency:

How to administer:

Medication Name:

Dosage:

Frequency:

How to administer:

Communication

Describe how camper understands or receives information

Sentences

Yes

Short Phrases

Yes

One Word

Yes

Sign Language / Individual Signs

Yes

Gestures

Yes

Pictures

Yes

Other (describe):

Describe how camper communicates with others to express information

Sentences

Yes

Short Phrases

Yes

One Word

Yes

Sign Language / Individual Signs

Yes

Gestures

Yes

Pictures

Yes

Can/will ask for help if needed Yes

Can/will communicate illness/injury Yes

Other (describe):

Any Additional Information:

Eating / Drinking

Independently

Needs Assistance/Prompt

Cannot feed self

List camper's food and drink likes and dislikes:

Toileting

- Completely Toilet Trained On Toileting Schedule Not Toilet Trained Catherization
- How does the camper communicate the need to go to the bathroom:

How often and what time does the camper go to the bathroom:

I will bring the following self-care supplies for my camper's use:

- Diapers Trainers/Pull Ups Swim Diapers Brand Specific Wipes
- Other, please detail:

Dressing

- Dresses Independently Needs Assistance/Prompt Cannot Dress Self

Swimming (Check all that Apply)

- Swims well Has bowel movement in the pool
- Fears water/ will not get in water willingly Must remain in the shallow end of the pool
- Has no fear of the water Cannot swim / does not swim well
- Drinks pool water Must wear life jacket at all times
- Has had seizure while in the water I am unsure of how my camper does in the pool
- Other:

Supervision/Assistance

Describe the level of supervision needed for participation in a Therapeutic Recreation camp:

Can function totally independent in all or almost all settings with only occasional supervision. Yes No

Can function independently for short periods of time and can be supervised in a group with one staff member and several other participants the rest of the time. Yes No

Generally, can function in a group with a supervisor and 2-3 other participants. Participant needs one-to-one supervision only during specific activities. Yes No

Needs more than one staff member when angry, agitated or upset. Yes No

Activities my camper may need physical assistance with

- Arts/Crafts Exercise/Sport Cooking/Gardening
- Dancing Visitor/Field Trip Interaction Other:

Behavioral Concerns

Please describe any behavioral difficulties that the participant may display in a Therapeutic Recreation program (e.g.: hitting, biting, self-injurious behaviors, etc). Please be specific and include any known triggers and the interventions used to successfully manage the behaviors.

Behavior:

Trigger:

Intervention:

Behavior:

Trigger:

Intervention:

Behavior:

Trigger:

Intervention:

Behavior:

Trigger:

Intervention:

Behavior:

Trigger:

Intervention:

Behavior:

Trigger:

Intervention:

Behavior:

Trigger:

Intervention:

Does your camper have a Behavior Intervention Plan (BIP)

I have received, read, and fully understand the TIRS Behavior Management policy. My initials below indicate that I agree with the policy and will work with TIRS staff to manage behaviors and follow through with the policy.

Please Initial: _____

Pick Up Authorization

I, _____ authorize the following person(s) to pick up the participant named above
Parent/Guardian Name
from the program, activity or event sponsored by the Mecklenburg County Park and Recreation Department and listed above. I understand and agree that the participant will not be released to anyone who is not listed on this form. I further understand that a state or federally issued picture identification card will be required from the person(s) picking up the participant named above prior to him or her being released into a person other than a parent or legal guardian's custody.

Person(s) Authorized to pick up Participant

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Late Fee Policy - Please Initial: parent / guardian name

The first occasion that a participant is picked up late will result in a warning, which will be delivered in writing. Each occasion after the first will result in the implementation of a charge of \$10.00 for each fifteen (15) minute increment:

0-15 mins (\$10) 16-30 mins (\$20) 31-45 mins (\$30) 46-60 mins (\$40)

The late fee is to be paid prior to the start of the next program date (ex: by the next morning for summer day camp, before the next class for weekly programs). The fee may be paid via cash, check, or money order at a site where funds can be received OR may be paid using Visa, Discover, or MasterCard if paid by phone.

Nonpayment could result in dismissal from the activity or program.

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

Received by Staff: _____ Date: _____

Photo Release Permission

I grant permission to Mecklenburg County Park and Recreation Department and its agents or employees to use photographs and/or video and audio taken of my dependent. These images may be used in educational and documentary materials such as public service announcements, grant applications, video documentaries and both printed and online newsletters. Furthermore, I authorize the use of my dependents image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by Mecklenburg County Park and Recreation Department.

I hereby agree to release, defend, and hold harmless Mecklenburg County Park and Recreation Department and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

I understand that any photograph taken in a program or activity is for public relations purposes only and that all confidential and / or personal information will be withheld. I also agree that photographs and/or videos of the participant may be published for the purpose of publicizing and promoting programs operated and/or sponsored by the Mecklenburg County Park and Recreation Department.

I certify that I am the parent or custodial guardian of the summer day camp participant and have read this release before signing below, fully understanding the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Please Initial: _____

Sunscreen Permission

We recognize the effects the sun can have on our children's skin. We ask that you help us in this effort by applying sunscreen to your child prior to their arrival at camp each day AND TO BRING SUNSCREEN OF YOUR CHOICE TO LEAVE FOR YOUR CHILD'S USE THROUGHOUT THE DAY. I give Mecklenburg County Park and Recreation staff permission to apply spray sunscreen to my child.

Please Initial: _____

Bug Spray Permission

We feel that it is important to protect our children from bug bites whenever possible while they are at camp. We ask that you help us in this effort by applying bug spray to your child prior to their arrival at camp each day AND TO BRING BUG SPRAY OF YOUR CHOICE TO LEAVE FOR YOUR CHILD'S USE THROUGHOUT THE DAY. I give Mecklenburg County Park and Recreation staff permission to apply bug spray to my child.

Please Initial: _____

I, _____
Parent's Name hereby grant permission for the participant _____
Child's Name to take part in the Summer Day Camp program, which is sponsored by the Mecklenburg County Park & Recreation Department and agree to the policies in place.

Parent/Guardian Signature: _____

Date: _____