

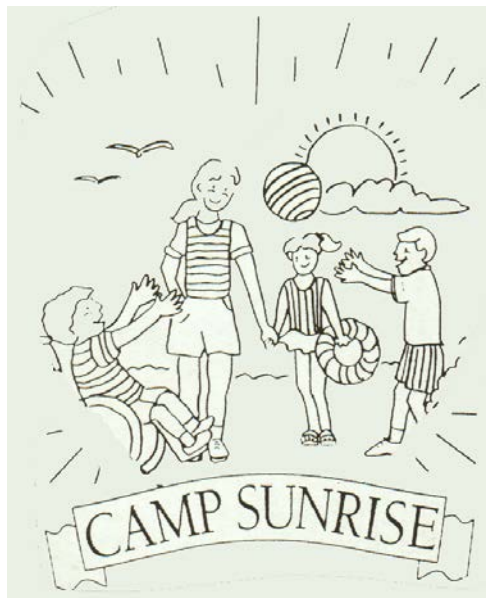


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# CAMP SUNRISE

## 2019

**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 5, 2019**

# CAMP SUNRISE INFORMATION

## CAMP SUNRISE CRITERIA CHECKLIST

Camp Sunrise has established 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 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 (or able to work with assistance from a high school age volunteer) unless the **Parent/Guardian or Outside Agency** provides a paraprofessional, nurse's aide or nurse.
- 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 six weeks from June 24-August 9. Hours are 9:00 a.m. to 3:00 p.m., Monday-Friday. The program will meet at the Naubuc 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 anywhere from one to seven weeks. There will be no camp on Thursday, July 4<sup>th</sup>. **Dates are subject to change based on school cancelation days.**

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, 2143 Main Street, 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 5, 2019.** 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 does fill quickly. **RETURN COMPLETED APPLICATIONS TO:**

CAMP SUNRISE  
C/O Glastonbury Parks and Recreation  
2155 Main Street PO Box 6523  
Glastonbury, CT 06033

## FEES

The fee for summer camp is \$129/week (\$159/week for 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 juice for lunch is included in the cost. A minimum deposit of fifty percent (50%) is required at the time of registration. There is a separate fee for transportation to and from camp (see TRANSPORTATION).

## REFUND POLICY

Please review your registrations carefully:

- Refunds will be automatic if a program is canceled.
- To avoid classes being canceled at the last minute due to insufficient enrollment and in order to accommodate waiting lists in a timely fashion, refund requests must be made no later than five (5) business days before the program begins. Refund request received after this point will be subject to a \$10 processing fee.
- Refunds cannot be given on trips, special events, facility reservations and passes.
- Refunds are generally not given once a program has begun, however, in the event of injury or illness, a refund request will be considered if accompanied by a doctor's note.
- Registrations processed by credit card will be credited to the card used. All other refunds generally take 2-4 weeks to process.

## 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, 2018 with the final payment for camp. **You may use the attached form or the State of CT form.**

## CAMPER ASSESSMENT

Please give the camper assessment profile to your child's teacher to be completed and returned with your application by Monday, June 3, 2019. 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. Daily transportation to and from camp is provided from each Town at a cost of \$25/week. If you elect to receive transportation, and have questions regarding pick-up and drop-off locations, please contact the appropriate person from your town below:

Cromwell  
Parks & Recreation  
(860)632-3467

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@rockyhillct.gov](mailto:ljacobs@rockyhillct.gov)

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 different groups. Each of these groups has their own Group Leader and share an Assistant Group Leader. We also utilize many high school age volunteers throughout the summer. New this year, Camp Sunrise will have a part-time nurse to assist with campers that require medication, tube feeding and management of other medical conditions. 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, 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 e-mailed and also 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 **spray** sunblock (minimum SPF 15) with them at camp at all times as campers are outside on a regular basis. **We are unable to apply topical sunscreen.**

## SWIMMING

Campers, staff and volunteers will be transported by bus to and from Addison pool for swimming as listed on their weekly schedules. This is a free swim and does not include any formal lessons. You must 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 in the shallow end with swimming aids and one to one assistance from camp staff/volunteers or in the wading pool. Campers with a higher 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 is typically also one whole camp field trips each week. Parents/Guardians are encouraged to attend any field trips, but you must provide your own transportation and admission costs. You may call Camp Sunrise to obtain 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 a half day (11:45 a.m. dismissal) to prepare for the end of camp banquet.

## ADDITIONAL FEES

On occasion trips may suggest additional 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 1 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 campers wear their camp shirts on all field trip days. Additional shirts are available for purchase at a cost of \$10/shirt (\$12 for XXL or Larger).

## 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 weekly activities.

## LUNCH

Campers must bring lunch to camp every day. If your child has special dietary concerns, please indicate so on your application. Fruit 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 activated until the start of camp. **PLEASE DO NOT CALL THAT NUMBER UNTIL CAMP BEGINS!**

Glastonbury Parks and Recreation Department (Anna Park)	(860)652-7679 (Press 5)
Camp Sunrise Phone	TBD

## CAMP SUNRISE REGISTRATION CHECKLIST: Complete application must be legible and include: (please check)

- \_\_\_\_\_ Camp Sunrise Application (**Registration begins Tuesday, February 5, 2019**)
- \_\_\_\_\_ Camp Sunrise Teacher's Assessment Profile (**Due by June 3, 2019**)
- \_\_\_\_\_ Recent Photo of your Child - NEW CAMPERS ONLY (**Due by June 3, 2019**)
- \_\_\_\_\_ 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 3, 2019**)
- \_\_\_\_\_ Medication Authorization Form if your Child Requires Medication During Camp (**Due by June 3, 2019**)
- \_\_\_\_\_ Final Payment (**Due by June 3, 2019**)

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

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 5, 2019  
**Glastonbury Parks and Recreation Department**  
**2155 Main Street PO Box 6523**  
**Glastonbury, CT 06033**

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

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

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

Grade \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

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 \_\_\_\_\_

Shirt Size (Please Circle): **YOUTH:** S (6-8) M (10-12) L (10-14) XL (16) **ADULT:** S M L XL XXL

# 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:

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  
Does applicant use picture cards?  Yes  No

Additional comments regarding communication needs/methods – If applicant uses communication device or picture cards, please send to camp:

## **PART 4. APPLICANT PROFILE/BEHAVIOR INFORMATION**

Please list applicant's interests, hobbies, favorite activities, 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

Is applicant able to follow directions/sit and listen for up to 15 minutes?  Yes  No  
If no, please describe:

Does applicant have behavior/emotional difficulty?  Yes  No  
If yes, please describe:

Has applicant displayed any overt physical or verbal aggression or get angry/frustrated easily? If yes, please describe:  Yes  No

## **PART 5. APPLICANT SWIMMING INFORMATION**

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 6. APPLICANT SUMMER SCHOOL INFORMATION

If the applicant will be attending summer school, parent/guardian will need to decide whether to send the applicant to school or camp on any field trip days. Transportation to camp from summer school is typically the responsibility of the parent (check with your Town contact/school for details):

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

Dates of Summer School: \_\_\_\_\_

Days of Summer School:                    M                    T                    W                    TH                    F

Please specify what time applicant will be arriving at Camp Sunrise after Summer School\*: \_\_\_\_\_

**\*Camp Sunrise campers not on field trips leave daily for swimming at Addison Pool at 12:00 p.m.**

## PART 7. SPECIAL SERVICES

Will applicant require OT/PT/Other Services that need to take place during the camp day?  
**(It is the parent's responsibility to schedule services and inform Camp Sunrise)**

Does applicant require tube feeding, catheterization, other medical procedures or have other needs that might require a 1:1 or Nurse?  Yes  No  
**(It is the parent's responsibility to arrange for a Nurse/1:1 assistant)**

Name of Nurse/1:1 \_\_\_\_\_ Cell Phone # of Nurse/1:1 \_\_\_\_\_

If yes, please explain:

Please provide anything else you would like to share:

**Your child will be placed in one of several camp groups based on the information you have provided and from past camp experience. Once your child has been assigned to a group, the Group Leader will contact you to discuss the information provided in more detail.**



# CAMP SUNRISE APPLICATION

## PART 8. PERMISSIONS

Please Initial where the arrows indicate. Release permission is optional. All others are **MANDATORY**.

### 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)

### EMERGENCY STATEMENT – MANDATORY

➔ \_\_\_\_\_ If, in the opinion of program staff, emergency medical services are required, 911 will be called. Should emergency transportation to a hospital be required, it will be coordinated by Emergency Medical Services (EMS). Parents/Guardians will be notified by the contact information provided in the application as soon as possible. If a child is transported by ambulance, a staff member will accompany them until a Parent/Guardian arrives.

### RELEASE PERMISSION – OPTIONAL

➔ \_\_\_\_\_ I give permission for films or photographs of the applicant to be used in Glastonbury Parks and Recreation Department's public relations program when deemed appropriate by the staff.

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

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

\_\_\_\_\_  
Date

## PART 9. EMERGENCY CONTACT/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 pick up/assume temporary care of/provide transportation for the participant. In addition, the following persons also have permission to pick up/assume temporary care of/provide transportation for, the participant in the absence of the parent/guardian or in the event of an emergency.

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

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

# CAMP SUNRISE PAYMENT INFORMATION

Registration begins Tuesday, February 5, 2019. **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 3, 2019.

**Camp does not meet on Thursday, 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. Please refer to the refund policy.

**PLEASE REGISTER MY CHILD FOR THE FOLLOWING WEEKS (\$129/WEEK; \$159/WEEK (TYPICAL SIBLING)):**

- |  |   |
|--|---|
| <input type="checkbox"/> WEEK #1 (JUNE 24-JUNE 28)           | <input type="checkbox"/> WEEK #2 (JULY 1-JULY 5) *  |
| <input type="checkbox"/> WEEK #3 (JULY 8-JULY 12)            | <input type="checkbox"/> WEEK #4 (JULY 15-JULY 19)  |
| <input type="checkbox"/> WEEK #5 (JULY 22-JULY 26)           | <input type="checkbox"/> WEEK #6 (JULY 29-AUGUST 2) |
| <input type="checkbox"/> WEEK #7 (AUGUST 5-AUGUST 9 (½ Day)) |   |

**MY CHILD WILL NEED TRANSPORTATION TO AND FROM CAMP THE FOLLOWING WEEKS (\$25/WEEK):**

- |  |   |
|--|---|
| <input type="checkbox"/> WEEK #1 (JUNE 24-JUNE 28)           | <input type="checkbox"/> WEEK #2 (JULY 1-JULY 5) *  |
| <input type="checkbox"/> WEEK #3 (JULY 8-JULY 12)            | <input type="checkbox"/> WEEK #4 (JULY 15-JULY 19)  |
| <input type="checkbox"/> WEEK #5 (JULY 22-JULY 26)           | <input type="checkbox"/> WEEK #6 (JULY 29-AUGUST 2) |
| <input type="checkbox"/> WEEK #7 (AUGUST 5-AUGUST 9 (½ Day)) |   |

TOTAL WEEKLY CAMP FEES (CAMPER) _____ WEEKS @ \$129/WEEK	\$ _____
TOTAL WEEKLY CAMP FEES (TYPICAL SIBLING) _____ WEEKS @ \$159/WEEK	\$ _____
<small>(Typical Children that are Siblings of Camper or Child of Staff Member ONLY)</small>	
TOTAL WEEKLY TRANSPORTATION FEES _____ WEEKS @ \$25/WEEK	\$ _____
EXTRA CAMP SHIRT _____ SHIRTS @ \$10/SHIRT (\$12 for XXL OR LARGER)	\$ _____
<small>(Shirt Size will be same as Indicated in Application)</small>	
TOTAL DUE CAMP SUNRISE	\$ _____

**PAYMENT OPTIONS:**

Outside Agency will Make Payment (Complete Attached Form)

Check Enclosed (Make Payable to "Camp Sunrise")

Credit Card      Name on the Card: \_\_\_\_\_

Card Type	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover																					
Card Number	Expiration		Code																					
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I authorize the Town of Glastonbury to charge the following amount to my credit card on the following dates:

Payment 1: (50% Deposit)	\$ _____	Date: _____	Signature: _____
Payment 2: (Balance Due)	\$ _____	Date: <u>6/3/19</u>	Signature: _____

# CAMP SUNRISE PAYMENT INFORMATION

If another agency will be paying for camp, please complete the information below. **Please Note: It is your responsibility to make payment arrangements with this agency and to make payment to Camp Sunrise by the deadline. If you would like Camp Sunrise to invoice the agency directly, please check the box below:**

Agency providing Assistance \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

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

Agency Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Amount of Funding \$ \_\_\_\_\_

Please send an invoice directly to this agency

Checks should be made payable to "CAMP SUNRISE" and mailed to:

CAMP SUNRISE  
C/O Glastonbury Parks and Recreation  
2143 Main Street  
PO Box 6523  
Glastonbury, CT 06033

# CAMP SUNRISE HEALTH EXAMINATION FORM

RETURN BY MONDAY, JUNE 3, 2019

## 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

- Do you have any concerns about your child's general health (overall eating and sleeping habits, teeth, etc.)?
- Has your child been diagnosed with any chronic disease?  asthma  diabetes  seizure disorder  other
- Does your child have any allergies (food, insects, medication, latex, etc.)?
- Does your child take any medications (daily or occasionally)?
- Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?
- Has your child had any hospitalization, operation, major illness or injury, or significant accident? (Please specify)
- In the last 12 months, has your child experienced any difficulty with wheezing, excessive coughing or excessive night waking? (Please specify)
- 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)
- Does your child have health insurance?
- 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  
2143 Main Street  
PO Box 6523  
Glastonbury, CT 06033

**RETURN BY MONDAY, JUNE 3, 2019**

**CAMP SUNRISE - AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION**

While the Town requests authorization to provide medication in case of emergency, the Town shall take appropriate measures to respond to a medical emergency involving a child including, but not limited to dialing 911 and providing emergency care on-site within the scope of training of staff. The Town will not withhold emergency care.

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

1. The authorized prescriber must complete the Authorized Prescriber's Order (Section 1) of the "Authorization for the Administration of Medication" form attached.

**THIS FORM MUST BE COMPLETED BEFORE ANY MEDICATION CAN BE ADMINISTERED**

2. The parent/guardian must complete the Parent/Guardian Authorization (Section 2) of the "Authorization for the Administration of Medication" form attached.

**THIS FORM MUST BE COMPLETED BEFORE ANY MEDICATION CAN BE ADMINISTERED**

3. A child may only Self-Administer medication with written authorization of the Authorized Prescriber and the Parent/Guardian.

**THIS FORM MUST BE COMPLETED BEFORE ANY MEDICATION CAN BE SELF-ADMINISTERED**

Parents will be asked to provide program staff with pre-measured dosages of the prescribed medication. Medication must be in the original container and labeled with the child's name, name of medication, directions for medication's administration and date of the prescription.

All unused medication will be destroyed if not picked up within one week following the end of the program.

**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.

**Parent/Guardian is required to instruct their child with a food allergy not to touch, trade or share food with anyone else.**

- The completed "Authorization for the Administration of Medication" form is **REQUIRED**. Staff is not certified to administer Epi-pens, but will use the instructions to **ASSIST THE CHILD** in an emergency if necessary.

So that the program staff may be prepared to handle an emergency situation, the form must be on file **BEFORE** your child attends.

**RETURN FORM AND INFORMATION TO THE PARKS & RECREATION OFFICE - PRIOR TO THE START OF THE PROGRAM! MEDICATION CAN BE BROUGHT ON THE FIRST DAY OF THE PROGRAM.**

If you have any questions, contact the Parks & Recreation Office at 860-652-7679.

**Glastonbury Parks & Recreation Department**  
**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION**

Parents/Guardians requesting medication administration to their child shall provide the program with the appropriate written authorizations(s) and the medication **before** any medications are administered.

All medications must be in the original container and labeled with the child's name, name of medication, directions for medication's administration, and date of the prescription.

**1. AUTHORIZED PRESCRIBER'S ORDER (Physician, Dentist, Optometrist, Physician Assistant, Advance Practice Registered Nurse)**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address of Child \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug? Yes \_\_\_\_\_ No \_\_\_\_\_  
Condition for which drug is being administered \_\_\_\_\_  
Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_

Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_ None Expected \_\_\_\_\_

Explain any allergies, reactions to/negative interactions with food or drugs \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name/Title \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. PARENT/GUARDIAN AUTHORIZATION**

- \_\_\_\_\_ I request that medication be administered to my child as described and directed above.
- \_\_\_\_\_ I hereby request that the above medication be administered by Parks & Recreation personnel and I give permission for the exchange of information between the Prescriber and Parks & Recreation personnel as necessary to ensure the safe administration of this medication.
- \_\_\_\_\_ I have administered at least one dose of the medication with the exception of emergency medications to my child without adverse effects.

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

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

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone : ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**3. SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-administration of medication may be authorized by the prescriber and parent/guardian.

Prescriber's authorization for self-administration: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian authorization for self-administration: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_  
Title/Position \_\_\_\_\_ Signature \_\_\_\_\_

**RETURN BY MONDAY, JUNE 3, 2019**

**GLASTONBURY PARKS & RECREATION – CAMP SUNRISE**

**Parent/Guardian Authorization for Administration of  
Non-Prescription Topical Medications**

I hereby request that the following non-prescription topical medication be administered to my child by the Camp Sunrise Director or Assistant Director.

I understand that I must supply the non-prescription topical medication in the original container labeled with the child's name, name of the medication, and the directions of the medication administration.

This authorization is limited to the following topical medications:

1. Ointments free of antibiotic, antifungal or steroidal medications
2. Medicated powders
3. Gum or lip medications

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Schedule of Administration: \_\_\_\_\_

Site of Administration: \_\_\_\_\_

Reason medication is being administered: \_\_\_\_\_

Medication shall be administered: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I have administered at least one dose of the above medication to my child without adverse side effects.**

Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone \_\_\_\_\_

**STAFF TO COMPLETE**

Parent authorization and medication received by: \_\_\_\_\_  
(Print Name) (Signature)

Medication Started: \_\_\_\_\_ (Date and Time)

Medication Ended: \_\_\_\_\_ (Date and Time)

**RETURN BY MONDAY, JUNE 3, 2019**



# 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, 2143 Main Street, PO Box 6523, 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 (please attach any behavior plans):

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Describe any strategies, interventions, or reinforcers you have used successfully when working with this child (rewards, incentives, charts):

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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...):

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