



TOWN OF GROTON

PARKS AND RECREATION DEPARTMENT



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27 SPICER AVENUE, NOANK, CONNECTICUT 06340
TELEPHONE (860) 536-5680 FAX (860) 536-5690
WWW.GROTON-CT.GOV WWW.GROTONREC.COM

April, 2016

Dear Parent:

Thank you for your interest in Groton Parks and Recreation summer camp. We look forward to having a great summer! It is extremely important to register early for camp so we can plan and be prepared. **This year the deadline for all paperwork is June 8.**

In order to provide the best opportunity for your child, Groton Parks and Recreation communicates with the schools and teachers to help plan for your child's success. Parents are responsible to get paperwork filled out. Groton Public Schools will help, but parents must submit it and complete the registration process.

Here are the summer camp options:

Camp Button: (\$160 for summer) Designed for children ages 5-12 and takes place weekdays from 12- 3PM. This camp is for children who are typically in a self-contained classroom and who need a highly structured camp.

Summer Camp: (\$79 week session) for children ages 4-12 and takes place weekdays from 7:30-3PM in an all-inclusive setting.

Teen Adventures: (\$179 week) for children ages 11-15 and takes place weekdays from 9-4PM all-inclusive setting.

Children who require support in camp are encouraged to sign up at one time for each week they plan to attend. This greatly helps us plan to have trained staff in place.

Check List

To request an aide, complete the "Aide Request" section of the Registration Form that lists the forms below.

- Complete the Groton Parks and Recreation Assessment form
- Complete Authorization for the Dispensation of Medication Form to be completed by parent and physician.
- Sign HIPAA-Compliant Authorization for Exchange of Health & Education Information form so that I can communicate directly with your child's teachers.
- Get your child's teacher to complete the Teacher Camp Information Form.
- Obtain a copy of teacher's Behavior Intervention Plan used at school.
- Send all completed forms to Groton Parks and Recreation, 27 Spicer Ave., Noank, CT 06340.
- Invite me to attend your end of the year PPT meeting at school if your child is new to camp or something in the past year has changed significantly.
- Call me to discuss your child's needs so we can determine the appropriate camp setting prior to the start of camp.

Please to call 860-536-5691 or email ecicchese@groton-ct.gov to develop a plan. All forms can be found on line at www.grotonrec.com/camps.

Thanks,

Eileen Cicchese
Inclusion/Special Needs Supervisor

Groton Parks and Recreation Parent Assessment - Camp 2016

DEADLINE JUNE 8, 2016

Date Submitted

This form provides Groton Parks and Recreation information that assists us in meeting the needs of the participant. Please submit this form no later than June 8, 2016. Camper is unable to attend camp without this form.

Participant Name Person completing form Gender

Grade Entering Age E-mail Address

Home Work Cell

Emergency Contact (Name & Phone)

School attending Teacher's Name/phone

Teacher's email

Primary Disability/Diagnosis

List positive attributes of the participant

MEDICAL INFORMATION - Check if Participant . . . and provide the emergency protocol for camp.

uses an epi pen. is subject to seizures. takes regular medication. Name of medication _____

If the participant must take medication at camp, complete an Authorization for Dispensation of Medication form.

Seizure: type, frequency and extent controlled by medication.

Note any special diets, dietary restrictions, or food that may cause a behavior change.

Describe any medical problems/injuries that could affect participation.

List activities participant cannot do due to medical reasons.

Check if the participant uses any of the following devices. Communication board Hearing aids

Weighted vest Rifton chair Glasses Pecs board Other

PHYSICAL/MOBILITY INFORMATION

Yes No

Is the participant physically independent?

Does the participant use a wheel chair?

Is the participant willing to transfer?

Describe communication methods the participant uses (speech, written, sign language, etc.)

Describe the best way to get the participant involved in activities.

Please identify your child stressors and how are they managed?

Does the participant have a behavioral plan at School or Home
Please provide the plans to Groton Parks and Recreation

Does your child have aggressive behaviors? Yes No
Please describe.

Indicate what type of behavior management or reinforcement works best.

Describe the best way to introduce or explain new tasks or make transitions between activities?

List any phobias/fears (i.e., Noise, airplanes, flashing lights, sirens) that may cause behavioral difficulties

Additional suggestions for success.

Do your child have food obsessions? Yes No If yes to food obsessions, how is it managed?

Can your child...

recognize danger? Yes No

stay with group? Yes No

follow simple directions? Yes No

socialize with peers? Yes No

act aggressive toward self? Yes No

act aggressive toward others? Yes No

swim? Yes No

be responsible for his/her own belongings Yes No

use bathroom independently? Yes No

If there is additional information you would like to share with us, please write on a separate piece of paper and submit.

Authorization to contact and release information

Unless otherwise indicated, I grant permission to Groton Parks and Recreation to contact the school, teachers assistant, teacher, social workers, therapist or physician for the purpose of gathering or releasing information regarding this participant. The information will be used to provide the most effective plan for providing recreation services and proper placement in inclusion. All information will be kept confidential.

Signature of participant, parent, or guardian

Date

Please fax to 860-536-5690 or send completed form to: Groton Parks and Recreation Department Attn: Inclusion Request
27 Spicer Avenue Noank, CT 06340-5659

**Groton Public Schools
Pupil Personnel Services
1300 Flanders Road
Mystic, CT 06355
(860) 572-2155 FAX (860) 572-2107**

HIPAA-Compliant Authorization for Exchange of Health & Education Information

Student/Patient Name: _____ **Date of Birth:** _____

I hereby authorize Eileen Cicchese, Groton Parks and Rec and Denise Doolittle, Groton Public Schools
(School Official/Health Care Provider Name & Title) (Groton Public School Official Name & Title)

Eileen Cicchese: Groton Parks and Recreation 27 Spicer Ave. Noank, CT 06340. (860)536-5680
(School/Health Care Facility Name, Address and Telephone)

Denise Doolittle: Groton Public Schools, 1300 Flanders Road, PO Box K Groton, CT 06340. (860)572-2152
(Groton Public School Name Address & Telephone)

To exchange health and education information/records for the purpose listed below.

Please check all that apply	<u>Obtain</u>	<u>Release</u>
All Records	()	()
Cumulative File	()	()
Pupil Personnel/Special Education	()	()
Disciplinary	()	()
Health/Medical	()	()
Other (please specify) ___ Behavior Intervention Plan, Verbal Communication ___	(X)	(X)

Purpose: This information will be used for the following purpose(s):

1. Educational evaluation and program planning
2. Health assessment and planning for health care services and treatment in school.
3. Medical evaluation and treatment
4. Other _____

Authorization

This authorization is valid for one calendar year. It will expire on 3/20/17 (Date). I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

(Parent Signature) (Date)

(Student Signature)* (Date)

*If a minor student is authorized to consent to health care without parental consent under federal or state law, only the student shall sign this authorization form. In Connecticut, a competent minor, depending on age, can consent to outpatient mental health care, alcohol and drug abuse treatment, testing for HIV/AIDS, and reproductive health care services.

This information is for the confidential use of the above-named personnel only who are directly involved in helping your child. The Family Educational Rights and Privacy Act (FERPA) the (BUCKLEY AMENDMENT) authorizes local districts to forward school records, without the permission of the parent or student over the age of 18 to school officials where student may intend to enroll upon the condition that the student or parent be notified.

Groton Parks and Recreation
AUTHORIZATION FOR THE DISPENSATION OF MEDICATION
(for allergies requiring an Epi Pen, a written Treatment Form from your Physician/allergist is required)

PAGE 1 TO BE COMPLETED BY CHILD'S PHYSICIAN

If a child is on medication which needs to be dispensed during attendance at a Groton Parks and Recreation program, or requires medication in the event of an emergency (i.e., food allergy, asthma, etc.) the child's physician MUST complete this section.

Child's Name _____

Medical Condition: _____

Medication: _____

Dosage/Method/Schedule: _____ Time of Dispensation _____

Special Instructions: _____

Special Effects/Toxic Effects: _____

Plan of Management for Side Effects: _____

Only those medications prescribed and listed by the physician will be accepted. Medications must be in the original pharmaceutical container and labeled with the child's name, name of medication, dosage, schedule, prescription number, date filled, expiration date, and prescribing physician's name.

Date of Order: _____

Duration of Order: _____

(If duration is less than current Parks and Recreation program,
Renewal of order may be necessary)

Signature of Physician (Prescriber)

Date

Printed name of Physician (Prescriber)

Phone Number of Physician (Prescriber)

Address, City, State & Zip of Physician (Prescriber)

Groton Parks and Recreation
AUTHORIZATION FOR THE DISPENSATION OF MEDICATION
(for allergies requiring an Epi Pen, a written Treatment Form from your Physician/allergist is required)

Site Attending: _____

Page 2 TO BE COMPLETED BY CHILD'S PARENT/GUARDIAN

Child's Name _____

Known Food or Drug Allergies:

Allergic to: _____ Symptoms _____
Medication/Treatment _____

Allergic to: _____ Symptoms _____
Medication/Treatment _____

Allergic to: _____ Symptoms _____
Medication/Treatment _____

I understand and request the following:

- Groton Parks and Recreation staff members are instructed to take any medication, noted on the reverse side of this form, from the parent/guardian (pre-measured dosage of the prescribed medications, in the original container, and properly labeled by a physician/prescriber or pharmacist) upon arrival at the Parks and Recreation program and to secure it in a safe location.
- At a prescribed time, a staff member will retrieve the medication and hand it to my child in the container. The staff member will then watch my child take the medication and will keep a record of my child's name, name of the medication and time medication was administered. (**Administer, or self-administer** – is what the camper does)
- The Staff who will dispense this medication are NOT medically trained. (**Dispense** – to hand a container of medication to a program participant. (this is what our staff does))
- The medication will be destroyed if not picked up within **one week** following the termination of the order or **one week** beyond the end of the program the child is attending.

I understand that the Staff who will dispense this medication are **NOT** medically trained. I hereby state, without reservation, that I will not hold the Groton Parks and Recreation, or any of its employees and/or volunteers, liable for any harm or injury which may be incurred by my child in connection with the assistance provided in connection with this authorized dispensation of medication for my child, or for damage and/or loss of medical equipment or medication.

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

Phone Number of Parent/Guardian

Address, City, State & Zip of Parent/Guardian

Name of Camp Personnel Receiving Written Authorization and Medication _____	
Title/Position _____	Signature (in ink) _____

Teacher Camp Information Form
Groton Parks and Recreation - ATTN: Eileen Cicchese
27 Spicer Avenue, Noank, CT 06340-5659
860-536-5691 Fax: 860-5690

Child's Name

School

Teacher name, email, phone

School Setting

Self contained classroom

Resource Room

Does the child have a behavior intervention plan?

Yes

No

Does the child have para-professional support during the school day?

Yes

No

If yes, indicate % of day and ratio.

Identify the strengths of the child.

Recommendations for success:

Helpful information from teacher and IEP:

Behavior plan
Please attach plan from school

Teacher signature