

**WEST HARTFORD  
HUMAN & LEISURE SERVICES**

Dear Families:

We are thrilled that you have chosen to register your child with the **2016 Escapades at Elmwood Summer Camp**. Our camp staff has been hard at work preparing fun and engaging games and activities that your child will enjoy at our beautiful camp facilities. Each day will be filled with games and activities that your child is sure to enjoy with friends and other campers. While each day of summer camp is sure to fly by, the memories of your child's experience are sure to last a lifetime!

Enclosed in this packet are several forms which require your completion and return to the Special Needs Summer Camps Coordinator at Elmwood Community Center, 1106 New Britain Avenue, West Hartford, CT 06110. Please find:

- Escapades Participant Profile, 2016
- Epi Pen Form (if necessary)
- Parent Swimming Assessment, 2016
- Pick-Up Authorization, 2016
- Photo Permission Slip
- Behavioral Compliance Statement (2 copies – return one signed copy to us)
- West Hartford Leisure Services Health Form
- Please include a current photo of your child

Please return all forms to the main office of the Elmwood Community Center by **Friday, June 10<sup>th</sup>**, Children **WILL NOT** be able to attend camp until we have received these forms. Don't hesitate to call or email me with any questions and my mailbox is located in the main office on the first floor.

Our staff is excited to share this summer's adventures with you!

Sincerely,



Victoria Branning  
Special Needs Coordinator  
victoria.branning@westhartfordct.gov  
860-561-8173

*\*Campers should bring a lunch/snack, towel & swimsuit, sunscreen, sunglasses, water bottle and a hat to camp every day. The Special Needs Program is not responsible for items that are lost or stolen.*



**TOWN OF WEST HARTFORD**  
SPECIAL NEEDS PROGRAM 1106 NEW BRITAIN AVENUE  
WEST HARTFORD, CONNECTICUT 06110-2233  
(860) 561-8173 FAX: (860) 561-8161

[www.westhartford.org](http://www.westhartford.org)

*An Equal Opportunity/Affirmative Action Employer*

**Town of West Hartford  
Department of Human & Leisure Services  
Special Needs Program**

**Escapades - Participant Profile  
2016**

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Nickname (if preferred) \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ School: \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email (H) \_\_\_\_\_ Email (W) \_\_\_\_\_

- Please include a current photo of your child with your completed paperwork

**In the event of an emergency and the parent/guardian cannot be reached,  
please contact the following individual(s):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**YOU MUST NAME SOMEONE WHO IS REACHABLE DURING ACTIVITY HOURS!**



Primary disability/impairment \_\_\_\_\_

Please indicate with a check if applicable:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Down Syndrome            | <input type="checkbox"/> Cerebral Palsy              | <input type="checkbox"/> Autism        |
| <input type="checkbox"/> Speech/Language Disorder | <input type="checkbox"/> Visual Impairment           | <input type="checkbox"/> Impulsive     |
| <input type="checkbox"/> Hearing Impairment       | <input type="checkbox"/> Touch Sensitive             | <input type="checkbox"/> OCD           |
| <input type="checkbox"/> Orthopedic Challenges    | <input type="checkbox"/> Cognitive Delay             | <input type="checkbox"/> ADD/ADHD      |
| <input type="checkbox"/> Low Muscle Tone          | <input type="checkbox"/> Developmental Delay         | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Transition Difficulty    | <input type="checkbox"/> Social/Emotional Difficulty | <input type="checkbox"/> Epilepsy      |
| <input type="checkbox"/> Self-Help Difficulty     | <input type="checkbox"/> PDD                         | <input type="checkbox"/> Other         |

Please Explain Item(s) Checked Above:

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Asthma?  Yes  No \*\* If yes, inhaler(s) MUST be provided DAILY and participant must be capable of self-administration under staff supervision. Inhaler remains in child's possession during day. Details, for example, triggers (exercise, pollen, mold):

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Life-Threatening Allergy?  Yes  No If yes, to what? \_\_\_\_\_ \*\*Epi-Pen MUST be provided to activity leader and the following form MUST be completed: "Parent Authorization for the Department of Human & Leisure Services of the Town of West Hartford to Administer Epinephrine Injection" (Part I, completed by Parent; Part II, completed by Physician). This form is available at Dept. of Leisure Services Office, Town Hall, or at the Elmwood Community Center's main office. Phone requests may be made, 860-561-7510 (TH) or 860-561-8160 (ECC).

Medication(s)?  yes  no If yes, please list medications and any side effects of which staff should be aware.

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Any restrictions at camp? (i.e. sun, heat, exercise, swimming, eating):

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Any special needs during camp day? (i.e. physical assistance, rest periods, help in changing clothes, help with eating):

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If participant is non-ambulatory, does he/she use a:

Wheelchair?  Yes  No Cane?  Yes  No

Crutches?  Yes  No Arm/leg Braces?  Yes  No

Guide dog?  Yes  No Walker?  Yes  No

\* If you answered YES to any of above, a conversation will take place with Special Needs Program staff prior to the start of camp to determine how best to meet your child's needs.

Does your child have a 1:1 aide at school?  Yes  No

Does your child share an aide at school?  Yes  No

Is your child in mainstream class?  Yes  No  
Approximately what percentage of academic day? \_\_\_\_\_

Is your child in alternative class or contained program?  Yes  No

Does your child receive support services at school? (PT, OT, Speech, etc)  Yes  No

Please explain: \_\_\_\_\_

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**PLEASE PROVIDE INFORMATION REGARDING THE FOLLOWING:**

Fear(s), for example thunder, animals, loud noises, water, etc.:

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What works best to calm/reassure participant in situations indicated above?

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Communication skills (verbal, non-verbal, sign language, communication board, iPad or other assistive technology):

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Personality (i.e. shy, friendly/out-going, temperamental, anxious, risk-taker, independent, hesitant, passive, quick to anger, distractible, etc.) and hints on how best to work with individual:

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Eating/drinking limitations and/or habits:

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Behavior patterns, transition suggestions, “triggers” that may lead to stress or anxiety, etc: \_\_\_\_\_

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Interests/Hobbies/Talents:

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Challenges with Fine Motor, Gross Motor, Self-Help Skills:

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Please share any information not requested above which will be helpful to staff in providing a positive inclusive recreational experience: \_\_\_\_\_

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**COMPLETED BY:**

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (Cell) \_\_\_\_\_

*(Office Use Only)*

Date Received: \_\_\_\_\_

Leisure Services Program: \_\_\_\_\_

Date(s) of Program: \_\_\_\_\_

**PARENT AUTHORIZATION FOR THE DEPARTMENT OF HUMAN & LEISURE SERVICES OF THE TOWN OF WEST HARTFORD TO ADMINISTER EPINEPHRINE INJECTION (Part I and Part II must be completed before a child can participate in programs.)**

**PART I (To be completed by parent or guardian)**

I, \_\_\_\_\_, parent/guardian (circle one) of \_\_\_\_\_, hereby give permission to any employee, contractor, or volunteer working for, or associated with the Department of Human & Leisure Services of the Town of West Hartford to assist in the administration of epinephrine injection(s) to

\_\_\_\_\_ ONLY through the use of a pre-measured auto-injector (ie. Epi-Pen) as directed by the physician in PART II below.

In giving permission to the Department of Human & Leisure Services to administer epinephrine injection(s), I hereby agree to the following:

1. I agree to indemnify, defend and hold harmless the Town of West Hartford, the West Hartford Board of Education, their officials, officers, employees, contractors, agents and/or volunteers from any liability whatsoever for any act or omission concerning the administration of the epinephrine injection to the child listed above including, but not limited to the issues addressed in the following paragraphs.
2. I am aware that my child may be in the care of an individual with no medical training, and I understand that the injection could be administered incorrectly or may not be administered when medically appropriate. I assume the risk of delegating this responsibility to an individual who is not medically trained.
3. I understand and assume the risk that in the event that Part II of this form indicates that my child is competent and able to self-administer, my child will be permitted to carry the Epi-Pen throughout the program and will be free to determine whether to administer the Epi-pen without direction or supervision by Leisure Services staff.
4. It is my duty to provide the Epi-Pen every time my child attends a program sponsored by the Department of Human & Leisure Services. If my child is not competent and able to self-administer, the Epi-Pen will be provided to the adult in charge in a secure container. The Epi-Pen will not be stored overnight by the Department of Leisure Services.
5. It is my duty to insure the medication is labeled properly and has not expired.
6. It is my duty to insure the Epi-Pen is functioning properly and does not need replacement.
7. I understand that only premeasured doses of epinephrine will be given. I understand that if the physician orders include a repeat of Epi-Pen injection, then two Epi-Pens must be supplied. I also understand that if the physician's orders change, I will provide Leisure Services with an updated replacement for this form.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Leisure Services Program: \_\_\_\_\_

Date(s) of Program: \_\_\_\_\_

**PART II (To be completed by physician)**

\_\_\_\_\_, residing at \_\_\_\_\_  
Patient/Child

and born on \_\_\_\_\_, is to receive \_\_\_\_\_  
Name of Medication

Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Reason for prescribing: \_\_\_\_\_

The Epi-Pen injection will be given immediately after report of exposure to (indicate allergan and type of exposure, e.g., ingestion, skin contact, or inhalation):

Side effects to watch for:

Special instructions:

Is patient competent and able to self-administer? Yes/No (circle one)

\_\_\_\_\_  
M.D. Signature Date

Printed Name of M.D. \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**TOWN OF WEST HARTFORD, CT  
DEPARTMENT OF HUMAN AND LEISURE SERVICES,  
SPECIAL NEEDS PROGRAM**

**ESCAPDAES AT ELMWOOD  
PARENT SWIMMING ASSESSMENT  
2016**

*During weekly swim, Escapades staff are expected to be in the pool and monitoring Escapades' campers closely. All campers are given a swim test by pool lifeguards to determine their access to specific parts of the pool. If your child fails the swim test and/or you prefer that he/she doesn't swim in deep water, he/she will be restricted to the shallow end of the pool.*

**Please check as appropriate:**

- My child is a swimmer and may use the entire pool with appropriate supervision.
- My child is a non-swimmer and may only be in the shallow end of the pool.
- My child is a non-swimmer and I will be providing an appropriately sized life jacket labeled with my child's name. The life jacket must be Coast Guard approved Level I, II or III and swimming will be restricted to the shallow end of the pool.
- I do not want my child to swim. Camp staff may offer alternate activities.

COMMENTS:

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Date**

**Please send towel, bathing suit and labeled sunscreen on swim days. Don't forget a swim shirt, brimmed hat and sunglasses for sun-sensitive campers to wear while in the pool area. LABEL EVERYTHING!**

**TOWN OF WEST HARTFORD, CT  
DEPARTMENT OF HUMAN AND LEISURE SERVICES  
SPECIAL NEEDS PROGRAM**

**“PICK-UP AUTHORIZATION” 2016  
For Beachland Adventures, Camp Bookends,  
Escapades at Elmwood, and Mainstream Camp Programs**

The following individual(s) will pick up my child, \_\_\_\_\_,  
at the end of the camp day. *Please enter YOUR name first if you are providing  
transportation on most days.* Enter secondary name for any other person authorized to  
transport your child.

#1

_____		_____
<b>Name</b>		<b>Relationship</b>
_____	_____	_____
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>

#2

_____		_____
<b>Name</b>		<b>Relationship</b>
_____	_____	_____
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>

#3

_____		_____
<b>Name</b>		<b>Relationship</b>
_____	_____	_____
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>

**I understand that I must notify the Camp Director or Special Needs Program staff  
IN WRITING if there is to be any change to this pick-up authorization.**

**Signed:**

_____	_____
<b>Parent/Guardian</b>	<b>Date</b>

<p><b>IMPORTANT!</b> No child will be released to anyone other than the above named individuals without prior written notice from parent/guardian.</p>
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*Promptness is required.*

## PHOTO PERMISSION SLIP

From time to time we take pictures during camp activities. We would like your permission to use these pictures on our website, print materials, Facebook page, and/or our end of season talent/slide show. Pictures would be selected to highlight fun activities during the camp day. We won't reference your child by name or provide any specific information regarding your child. The pictures will only be used by the Town of West Hartford Special Needs Program to show the many ways our campers are enjoying their summer.

*Please take a moment to let us know your preferences regarding our use of photos of your children:*

\_\_\_\_\_ YES. I grant permission to use photos of my child on the Special Needs Program website, brochure, Facebook page, bulletin boards, and /or newsletters.

-OR-

\_\_\_\_\_ NO. Please do NOT take or use any photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT):

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Parent/Guardian's Name (PLEASE PRINT):

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Parent/Guardian's Signature:

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Date: \_\_\_\_\_

For questions or concerns about this form, contact Victoria Branning, Special Needs Coordinator, at 860-561-8173 or [victoria.branning@westhartfordct.gov](mailto:victoria.branning@westhartfordct.gov).

**TOWN OF WEST HARTFORD, CONNECTICUT  
DEPARTMENT OF HUMAN AND LEISURE SERVICES  
SPECIAL NEEDS PROGRAM SUMMER CAMPS**

**2016  
BEHAVIORAL COMPLIANCE STATEMENT**

The Special Needs Program, a division of the Department of Human & Leisure Services, offers diverse recreational opportunities for youngsters during the summer months. The Beachland Adventures provides 1:1 aides and Escapades at Elmwood provides 1:3 staff/camper ratio to support the children and ensure safety. Staff from the Special Needs Program also assist in the supervision of children who have been mainstreamed into other camp programs.

It is the intent of the Special Needs Program to provide a fun, memorable camp experience with SAFETY BEING PARAMOUNT. This includes the provision of an atmosphere in which children and staff can share recreational time without fear of injury or harm. It is important that the general public utilizing Town facilities also be provided with the same safeguards.

To this end, parents/guardians are requested to sign below to indicate their understanding of rules regarding the behavior of campers. Any acts of aggression, whether physical or verbal, will not be tolerated. If a camper aggresses to staff, fellow campers, or the general public or is in danger of harming himself/herself, the parent/guardian will be notified and the child will be removed from camp. There will be no refund for the session in which the child is registered at the time of the behavioral incident but a full refund will be made for registered sessions thereafter.

The Special Needs Program provides diverse, outdoor camp experiences to children with a variety of special needs but it is NOT a behavioral modification or specialty program. Children requiring a more structured camp experience may seek information regarding other programs from the Special Needs Coordinator in the attempts to best meet those needs. Thank you for acknowledging your understanding of this behavior policy by affixing your signature below. PLEASE RETURN ONE COPY and keep the other for your reference.

CAMPER NAME: \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN PRINT NAME: \_\_\_\_\_

**WEST HARTFORD LEISURE SERVICES**  
**SAFETY AND EMERGENCY CONTACT INFORMATION FORM**  
**TO COMPLETE THE ENROLLMENT PROCESS FOR YOUR CHILD,**  
**YOU MUST COMPLETE, SIGN AND RETURN THIS FORM BEFORE THE CLASS BEGINS**  
**Your child will not be allowed to attend without a completed form.**

Program Name \_\_\_\_\_ Program # \_\_\_\_\_

**PARTICIPANT'S Name** \_\_\_\_\_

Address \_\_\_\_\_

**Parent/ Guardian's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Family Email address (Please print clearly) \_\_\_\_\_

.....  
**Emergency Contact** (Person to call if unable to contact parent/guardian):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

.....  
 Does your child have any known allergies or have any known illnesses or physical limitations, etc. Please list and describe:

\_\_\_\_\_

List Medications \_\_\_\_\_

Has child been prescribed an Epi-pen? Yes \_\_\_\_\_ (if yes, an Epi-pen form will be sent to you) No \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

.....  
**Please read each statement below and if you understand and agree to each statement *WRITE YOUR INITIALS* in the space next to the paragraph to signify your understanding and agreement.**

\_\_\_\_\_ In the event my child needs emergency hospital or medical care while participating in this West Hartford Leisure Services Program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is:

**Hospital Name and Address** \_\_\_\_\_

\_\_\_\_\_ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

\_\_\_\_\_ In the event my child needs emergency medical care while in this West Hartford Leisure Services Program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgment, including administration of anesthesia.

\_\_\_\_\_ In the event that my child needs to be transported by an ambulance, I give my permission for such transportation and I agree to assume all expenses incurred by said transportation.

\_\_\_\_\_ I agree to assume all medical expenses incurred by my child while participating in this West Hartford Leisure Services Program.

\_\_\_\_\_ I realize that as with any physical activity there is a possible risk of accidental injury to my child while participating in this West Hartford Leisure Services Program. I agree to assume the risk of any injury which my child might suffer while involved in the West Hartford Leisure Services Program and will not hold the Town of West Hartford or its instructors liable for any injuries which my child may suffer while participating in this West Hartford Leisure Services Program.

\_\_\_\_\_ **FIELD TRIPS:** I hereby give my permission for my child to go on the field trips scheduled for his/her particular camp program. The exact schedule will be provided to me at the beginning of the camp session. If I do not wish my child to attend the field trip, I understand that I will need to make other arrangements for my child on that day.

**I understand that this document may be transmitted to the Town and/or retained in electronic form. By executing this document I acknowledge and agree that a copy hereof shall be afforded full legal effect as if it was the original.**

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Complete Form and send to appropriate facility:**

<b>Customer Service Town Hall</b>	Email: <a href="mailto:Leisureservices@westhartford.org">Leisureservices@westhartford.org</a>	FAX 860-561-7519
<b>Elmwood Community Center</b>	Email: <a href="mailto:Ecc@westhartford.org">Ecc@westhartford.org</a>	FAX 860-561-8161
<b>Veterans Skating Rink</b>	Email: <a href="mailto:vmsr@westhartford.org">vmsr@westhartford.org</a>	FAX 860-521-1573
<b>Westmoor Park</b>	Email: <a href="mailto:Westmoor1@westhartford.org">Westmoor1@westhartford.org</a>	FAX 860-236-3815