

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 2021 GRADE** _____ **EMAIL (parent/guardian)** _____

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

PROGRAM(S): _____

Life-Threatening Medical Conditions

- | | | | |
|---|---------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Peanut Allergy | Does participant carry Epi Pen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Insect Sting Allergy | Does participant carry Epi Pen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other Allergy (Dietary, Environmental, etc.) | Does participant carry Epi Pen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Medical Condition (cardiac, diabetes, epilepsy, nervous system disorders, asthma, or other) | | | |
| Does participant carry special medication, insulin, inhaler, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> 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

- | | | | |
|--|--------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Cognitive Condition (Down Syndrome, Autism, etc.) | Is extra support required at school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Behavioral Condition (ADHD, ODD, etc.) | Is extra support required at school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Physical Condition | Is extra support required at school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> 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 needed, will participant attend with their own support? Yes No

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

Does participant meet one of the exceptions for wearing a mask at camp as defined in [Section 3 of the Order of the Secretary of PA Department of Health Requiring Universal Face Coverings](#) Yes No

If yes to any of the above questions, please describe 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:
