

**Lekotek Summer Computer Camp
Participant Information**

Parents: This information is requested to help us better serve your child. It will be used to help our staff prepare to meet the needs of your child. All information is confidential.

Please complete and return with fees by June 4th or before.

Parent's Name: _____

Child's Name: _____

Date of Birth: _____

Address: _____

Phone (home, work, cell): _____

Please list one person to contact in case of an emergency (other than parent or legal guardian – include phone number and address: _____

Persons authorized to pick up your child at camp: _____

Child's Disability (include additional information that you feel we should know): _____

Does your child have a seizure disorder?_____If yes, controlled with medication?

_____What type of seizure? _____

Emergency instructions for prolonged seizure: _____

Does your child have a behavior disorder or any abusive or self-abusive behaviors?

_____If yes, explain: _____

(Please understand that Lekotek must consider the physical safety of all campers before making a final decision on camp admittance.)

My child is best positioned in a: **regular chair** **corner chair/tray**
seated on floor **cube chair** **wheelchair/tray** **lying down**

My child wears glasses: **yes** **no**

My child wears hearing aids: **yes** **no**

My child uses sign language: **yes** **no**

My child uses an augmentative communication device? **Yes** **No**
(please specify the device) _____

Does your child “supplement” his/her primary communication method with other methods, i.e. pointing, eye gaze, sounds, signs, etc.? Please explain:

My child is: **right dominant** _____ **left dominant** _____

How did you hear about Lekotek? _____

Where does your child attend school? What is his/her educational placement?

Can your child attend to the computer for a twenty minute period of time or more?

Your child’s behavior:

Tends to wander or leave group _____ **yes** _____ **no**

Has aggressive tendencies _____ **yes** _____ **no**

Has self-injurious tendencies _____ **yes** _____ **no**

Has required physical restraint _____ **yes** _____ **no**

To ensure safety in the last 12 mo’s _____ **yes** _____ **no**

Please tell us about your child’s toileting needs:

_____ **diapers (please send if needed during camp)**

_____ **take every hour** _____ **take every 2 hours**

_____ **will indicate needs (please explain)** _____

Lekotek provides a snack each day of camp. Snacks may include graham crackers, bananas, apples, chips, goldfish crackers, pretzels, apple juice, orange juice or fruit punch and sodas. On the last day of camp we make cupcakes, iced cookies or ice cream. If your child has any food restrictions, please indicate below: _____

Lekotek Computer Camp Photographic Release Form

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned hereby grants to Lekotek of Georgia, Inc. permission to take still or moving photographs, films, slides or videos of him/herself, and consents to and authorizes Lekotek, its advertising agencies, news media, and any other persons in Lekotek and its work to use and reproduce said photographs, films, slides or videos, with or without the undersigned's name, and to circulate and publish the same by any and all means, including but not limited to, magazines, newspapers, slide presentations, television, brochures or pamphlets.

Signed this ____ day of _____, 2011

_____ (signature)

_____ (print name)

LEKOTEK COMPUTER CAMP

**PARENTAL CONSENT AND EMERGENCY MEDICAL TREATMENT
AUTHORIZATION FORM**

Child's Name _____ Birthdate _____

Address _____

Home telephone _____ Cell phone _____

Mother's Name _____ Father's Name _____

I, _____ (name of parent or legal guardian) am the _____ (relationship to the child) of _____ (child's name). I give consent for my child to participate in LEKOTEK CAMP. If my child suffers an injury or illness while participating in the LEKOTEK event, and if LEKOTEK is unable to contact me at the telephone numbers above or below, I hereby authorize the staff of LEKOTEK to obtain such emergency medical care or treatment as LEKOTEK deem necessary. I further consent to the provision to my child of such emergency medical care or treatment as is deemed reasonably necessary by a licensed physician. This consent is signed for the purpose of authorizing medical treatment under emergency circumstances in my absence.

Emergency Contact Names/Telephone Numbers

1. _____

2. _____

The following information about my child is complete and current and may be relied upon by LEKOTEK Releases and a licensed physician under the circumstances set forth above:

Allergies (including drug allergies): _____

Date of last tetanus shot: _____

Nature of child's disability: _____

Other pertinent health history: _____

Signature: _____

(relationship to child)

Date: _____