Indy Parks & Recreation
Health / Therapeutic Assessment

For Park managers to fill out:

Referral:_____(mgr name)

Program:_____

In order to provide your family with the most inclusive program possible, we ask that you complete a brief assessment. Please return this form with your program registration. This form is to be completed on a volunteer basis only in an effort to better serve the needs of your camper.

Parent/Guardian Name: _____**Daytime Phone:** _____

Participant's Name: _____**Date of Birth:**_____

Sex: Male / Female **Age:** _____ **Height:**_____ **Weight:**_____

Weeks (and dates and time) enrolled at camp or program:_____

Health Information: Briefly indicate your child's disability, and what characteristics he/she presents.

Diagnosis: _____**Wheelchair assisted**-Yes / No

- **Motor Concerns (diapers, wheelchairs, etc):** _____
- **Recreational Concerns(glasses, feeding tubes):** _____
- **Swimming Ability/water adjustment level, (use of lifejacket):** _____
- **Visual Concerns (glasses, blindness):** _____
- **Seizures (helmets):** _____
- **Hearing Concerns (hearing aids):** _____
- **Verbal or Nonverbal (language skills):** _____
- **Allergies (Bees, Food, etc.):**_____
- **Behavioral Concerns:** _____
  - **Please list successful calming techniques, please use the back of the sheet if needed:** _____

    _____

    _____
- **Feeding Concerns: (G-tube feeding? Special Diet? Braces):** _____
- **Can your child take anything by mouth? Reflux?** :_____

Please note any precautions for participant care (i.e. transfers, shunts):

_____

_____

_____

Does the participant present any of the following illnesses or symptoms? Please check all that apply. ☐Heart Disease ☐Diabetes ☐Asthma ☐Cancer ☐Seizures

If yes, please explain in detail, ie. type and frequency of seizures, etc.

_____

_____

Current Medications: Please be sure to indicate whether taken at home or at camp.

Medication/Name:	Dosage:	Frequency:	Time: am. pm, lunch, with a meal?

Questions: Tonya Jenkins, Therapeutic Manager 317-327-7191 or contact the day camp site.