



# Program Application



Attach Recent  
Child Photo  
Here

## 1. Camper Information

Camper's Name \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone ( ) \_\_\_\_\_

School Attending \_\_\_\_\_

School Address \_\_\_\_\_

School City, State, Zip \_\_\_\_\_ School Phone ( ) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment (Dad) \_\_\_\_\_ Business phone ( ) \_\_\_\_\_

Business Hours & Days (Dad) \_\_\_\_\_

Parent Cell Phone/Beeper (Dad) ( ) \_\_\_\_\_

Place of Employment (Mom) \_\_\_\_\_ Business phone ( ) \_\_\_\_\_

Business Hours & Days (Mom) \_\_\_\_\_

Parent Cell Phone/Beeper (Mom) ( ) \_\_\_\_\_

Family E-mail \_\_\_\_\_ Has your child attended Handi Kids before?  Yes  No

## 2. Participation Authorization

I hereby give my permission for my child to participate in the Handi Kids activities. I am well aware of the activities offered at the Handi Kids Camp.

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

\_\_\_\_\_  
Date

## 3. Photograph and Videotape Release (please check one)

I hereby give permission to Handi Kids to publish my child's photo/videotape footage, without reservation of any kind, for public relations and marketing purposes. I understand this refers to publicity in the media (incl. newspapers, magazines, television and radio), advertising, educational presentations, and such publications as brochures, annual reports, pamphlets, newsletters, website, etc, produced by Handi Kids.

I do not give my permission for my child's photo/videotape to be used in any way.

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

\_\_\_\_\_  
Date

#### 4. Child Diagnosis Details

(Note: for all questions requiring a Y/N response, please utilize the space provided on each line to list additional details)

##### CATEGORY: MEDICAL

Disability/Diagnosis \_\_\_\_\_  
Mentally Impaired? Y / N \_\_\_\_\_  
Physically Impaired? Y / N \_\_\_\_\_  
Speech Disorder? Y / N \_\_\_\_\_  
Hearing Impairment? Y / N \_\_\_\_\_  
Visual Impairment? Y / N \_\_\_\_\_  
Wears Glasses? Y / N \_\_\_\_\_  
Seizure Disorder Y / N \_\_\_\_\_ Last seizure \_\_\_\_\_ How often? \_\_\_\_\_  
List any food allergies \_\_\_\_\_  
List any dietary restrictions \_\_\_\_\_  
Requires Catheterization? Y / N \_\_\_\_\_ Self \_\_\_\_\_ By nurse \_\_\_\_\_  
Menstruating? Y / N / NA \_\_\_\_\_  
Does she require assistance with sanitary products? \_\_\_\_\_  
Does she have trouble/pain? Y / N What can we do? \_\_\_\_\_  
Does she/he have a stoma (ostomy)? Y / N Describe any special procedure or equipment needed \_\_\_\_\_  
Does she/he have a G-Tube/Feeding Tube? \_\_\_\_\_  
Has she/he ever required psychiatric counseling or hospitalization? Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

##### CATEGORY: INDEPENDENCE

Toileting/Bathroom: \_\_\_ independent \_\_\_ close supervision \_\_\_ moderate assistance \_\_\_ total care  
Describe any special procedures or equipment needed: \_\_\_\_\_  
Being Potty Trained? Y / N \_\_\_\_\_ How often do you toilet child? \_\_\_\_\_  
Diapers? Y / N \_\_\_\_\_ How often do you change child? \_\_\_\_\_  
Feed Self? Y / N \_\_\_\_\_ Describe any concerns or issues related to food or eating: \_\_\_\_\_  
\_\_\_\_\_  
Dress Self? Y / N \_\_\_\_\_  
Verbal and can be understood? Y / N (if N, what is child's method of communication?) \_\_\_\_\_  
\_\_\_\_\_  
Read and print name? Y / N \_\_\_\_\_  
Swim? Y / N \_\_\_\_\_ If child cannot swim, please provide a set of floaties or back bubble.  
May swim in deep end? \_\_\_\_\_ Please keep in low end? \_\_\_\_\_

Child's Name \_\_\_\_\_

**CATEGORY: PHYSICAL**

List any form of supportive/assistance equipment required (crutches, wheelchair, braces, etc.)? \_\_\_\_\_

List any specific instructions in the use of the above mentioned equipment? (ex. student needs support on left side) \_\_\_\_\_

Walk Alone? Y/N \_\_\_\_\_

Describe any sensory issues your child may have (loud noises, touching, cleanliness, etc.) \_\_\_\_\_

**CATEGORY: BEHAVIOR**

Provide examples of any behavioral problems your child has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What usually causes these behaviors? Are there clues that usually accompany the onset of these behaviors?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the most effective way to deal with these behaviors?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any special precautions that should be taken when interacting with your child (i.e. biting, hitting, scratching, doesn't like to be touched, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CATEGORY: GENERAL INFORMATION**

What does the child like to do? What motivates the child? What are her/his interests?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any activities the child does not enjoy or in which the child will not participate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your desired outcomes for your child while at camp? (ex. better socialization, improved muscle tone, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have an Individualized Education Plan (IEP)? If yes, would you be willing to provide a copy of this document?

---

---

---

With regards to your child's schooling, is your child mainstreamed? If no, please explain:

---

---

---

With regards to your child's schooling, does your child have an aid in school?

---

---

---

What else would you like us to know about your child? \_\_\_\_\_

---

---

---

**CATEGORY: HORSEBACK RIDING**

**If your child is participating in therapeutic horseback riding, complete the following questions. If not, proceed to the next page.**

Has your child ever ridden before? Y / N If yes, was it in a therapeutic riding center, how long ago and for how long a period of time? \_\_\_\_\_

---

---

What are the parent's expectations for the riding lessons? What do you want to see as an outcome of these lessons? \_\_\_\_\_

---

---

What are the students' expectations for the riding lessons? \_\_\_\_\_

---

---

Child's Name \_\_\_\_\_

### 5. Emergency Medical Treatment & Consent

Name of Doctor \_\_\_\_\_

Doctor Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Doctor Phone ( ) \_\_\_\_\_ Do you carry family medical insurance? \_\_\_\_\_

Insurance Carrier's Name \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

In case of emergency, which hospital would you choose for your child (please check one)?

Brockton Hospital, Brockton

Good Samaritan, Stoughton

In the event a or Parent/Guardian cannot be reached, contact:

1. Contact Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

2. Contact Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Is the camper allergic to bees? \_\_\_\_No \_\_\_\_Yes (if yes, child must bring a labeled epi-pen to camp)

**Permission to administer OTC medications:** I hereby give permission for Handi Kids to administer the following over-the-counter (OTC) medications if the nurse deems it necessary. Dosages will be administered according to directions on bottle unless a physician directs otherwise: epi-pen, sunblock, Tylenol, Ibruprofen, Solorcaine spray for sunburn, Pepto Bismol, calamine lotion.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission to search belongings:** I hereby authorize and give Handi Kids permission to search all camper's belongings, while present, when health and well being or safety of the campers or others requires it.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consents or non-consent for medical treatment:** In the event emergency medical/ aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Handi Kids to: 1) Secure and retain medical treatment and transportation if needed, 2) Release client records upon request of the authorized individual or agency involved in the medical emergency, as follows: (please check and sign one)

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the people listed are unable to be reached.

Signature \_\_\_\_\_  
(Parent or Guardian)

Date \_\_\_\_\_

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_

\* Important: Please ensure that emergency contacts are aware of your non-consent choice.

Signature \_\_\_\_\_  
(Parent or Guardian)

Date \_\_\_\_\_



**If your child is participating in Therapeutic Riding, complete this page.  
If not, please stop here.**

**Horseback Riding Statement of Participant Eligibility**

Handi Kids Therapeutic Riding Center offers therapeutic riding services to individuals with special needs. Eligibility for participation in the Handi Kids Program is based solely upon an individual's ability to participate meaningfully and safely, provided there is a NARHA (North American Riding for the Handicapped) Certified Instructor and an appropriately sized horse/pony to fit individual's needs. Financial considerations are not taken into account in determining the eligibility for participation.



As a member center of NARHA, Handi Kids fully ascribes to the precautions and contraindications as recommended by the Medical Committee of NARHA. Handi Kids Instructors adhere to the NARHA Code of Ethics as set forth by NARHA Instructor Certification standards. Therefore, our professional staff evaluates all prospective riders. This evaluation and initial orientation requires the submission of written documentation in the form of a lesson plan and assessment conducted by a member of the Handi Kids professional staff. Due to the nature of therapeutic riding, there are individuals for whom the Handi Kids programs are deemed inappropriate during the orientation and assessment process and they are not recommended for enrollment. This determination is made on the basis of physical or behavioral limitations or recommendations from their physician and/or physical or occupational therapist.

Individuals accepted into the Handi Kids program are required to take part in periodic progress reviews. During these reviews, or as the result of unusual occurrences during a lesson, the Handi Kids professional staff may find that continuance in the program for a given individual is inappropriate. For this reason, Handi Kids reserves the right to discontinue the participation of a given individual in its programs when it is deemed that discontinuance is in the best interests of Handi Kids and/or the individual concerned.

**Horseback Riding Release Agreement**

No student can be accepted for riding instruction until the parent/parents and or guardian have completed this form. If the student is of legal age she/he may complete the form without parent/parents and or guardian's signature. Riding instruction will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerning Handi Kids Horseback Riding Program.

The undersigned, as parent/parents and guardian/guardians of \_\_\_\_\_ a minor, for and in consideration of the agreement of the Handi Kids Horseback Riding Program to provide riding instruction to said minor, do/does hereby forever release, acquit, discharge and hold harmless the Handi Kids Horseback Riding Program, its officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands and damages of every kind and nature whatsoever which the undersigned or said minor may now or in the future have against the Handi Kids Horseback Riding Program, its officers, trustees, agents, employees, representatives, successors and assigns on account of any personal injuries, physical or mental condition, known or unknown to the person of said minor, and the treatment thereof, as a result of, or in any way growing out of the acts of the Handi Kids Horseback Riding Program, its officers, trustees, agents, employees, representatives, successors and assigns, including but not limited to their negligence or gross negligence in rendering the services above described or in any way incidental thereto except as specifically prohibited.

Signature (Client, Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**Warning**

**Under Massachusetts Law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 20 of the General Laws.**