

## Supplemental Information for Children with Medical Conditions and/or Support Services

If your child receives special services from his/her school or Board of Education or has any medical conditions or health concerns, information regarding such services can be helpful to assist your child in succeeding in our program. Please know that such information will be held in confidence. Please fill out the attached release and return with your program registration, or write a brief summary of information you feel would be helpful in assisting your child in the Parks & Recreation program.

### SPECIAL SERVICES:

One on One/Personal Aid \_\_\_\_\_ Speech Therapy \_\_\_\_\_ Occup. Therapy \_\_\_\_\_  
Physical Therapy \_\_\_\_\_ Special Education \_\_\_\_\_ Counseling \_\_\_\_\_ Other \_\_\_\_\_

### COMMUNICATION:

Communication Board: (Owned \_\_\_\_\_ Borrowed \_\_\_\_\_) Sign Language: \_\_\_\_\_ Speech Delay: \_\_\_\_\_

### SPECIAL EQUIPMENT:

Wheelchair \_\_\_\_\_ Braces \_\_\_\_\_ Hearing Aid \_\_\_\_\_ Retainers \_\_\_\_\_ Glasses \_\_\_\_\_ Feeding Tube \_\_\_\_\_  
Stander \_\_\_\_\_ Child Requires Diapers \_\_\_\_\_ Earplugs \_\_\_\_\_ Other \_\_\_\_\_

Does your child need assistance in the restroom? YES \_\_\_\_\_ NO \_\_\_\_\_

### BEHAVIOR:

Does your child have behavioral concerns that staff should be informed about?

At School? YES \_\_\_\_\_ NO \_\_\_\_\_ At Home? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Mental Health Concerns (i.e. social, generalized or separation anxieties, phobia, trauma, etc.):

YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL CONDITIONS:

Diabetes\* \_\_\_\_\_ ADHD/ADD \_\_\_\_\_ Allergies\* \_\_\_\_\_ Asthma\* \_\_\_\_\_ Seizures\* \_\_\_\_\_

Please Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide us with a list of daily medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Supplemental Health Care Plans from your child's physician are required.**

**Release**

I hereby request the Coventry Public Schools to release and/or obtain the following confidential information regarding my child to Coventry Parks & Recreation:

Student's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

	<b><u>Obtain</u></b>	<b><u>Release</u></b>		<b><u>Obtain</u></b>	<b><u>Release</u></b>
Psychological/ Psychiatric	_____	_____	Medical I.E.P.	_____	_____
Educational Evaluation	_____	_____	PPT Minutes	_____	_____
Speech/Language	_____	_____	Other	_____	_____

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

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