



North East Westchester Special Recreation, Inc.

63 Bradhurst Avenue

Hawthorne, NY 10532

Phone: 914-347-4409 | Fax: 914-347-5054

[www.northeastspecialrec.org](http://www.northeastspecialrec.org)

# Physician Authorization Form

(Must be submitted every year for Summer Camp, must include copy of Immunization Records)

Participant Information		
Last Name	First Name	
Birthdate	Age	Sex

1. Is this patient diagnosed with a developmental disability? *(Please be Specific)*

\_\_\_\_\_

2. Does this patient have any physical disabilities related to:

☐ Ambulation: \_\_\_\_\_

☐ Hearing: \_\_\_\_\_

☐ Vision: \_\_\_\_\_

☐ Speech: \_\_\_\_\_

☐ Balance & Coordinate: \_\_\_\_\_

☐ Other: \_\_\_\_\_

3. Patient History:

☐ Chronic Diseases: ☐ Heart ☐ Diabetes ☐ Other: \_\_\_\_\_

☐ Limitations: \_\_\_\_\_

☐ Seizure: ☐ Grand Mal ☐ Petite Mal Frequency: \_\_\_\_\_

☐ Frequent Colds: \_\_\_\_\_ Frequency: \_\_\_\_\_

☐ Ear Infections: \_\_\_\_\_ Frequency: \_\_\_\_\_

☐ Food Allergies: \_\_\_\_\_

☐ Medical Allergies: \_\_\_\_\_

☐ Hepatitis: \_\_\_\_\_ Type: \_\_\_\_\_

5. Does this patient take medication daily?

☐ Yes *(please fill out Authorization for Medication Administration Form)* ☐ No

6. I recommend this patient for:

☐ **Full Participation** in North East Westchester Special Recreation Programs, including Swim

☐ **Participation** in North East Westchester Special Recreation Programs with the following limitations: \_\_\_\_\_

☐ **No Participation** in any North East Westchester Special Recreation Programs due to: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Date: \_\_\_\_\_



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## Physician's Authorization for Medication Administration at North East Westchester Special Recreation Programs

*(Please include a copy of patients most recent immunization records)*

I authorize my patient, as named below, receive the following medication:

Participant Information			
Last Name		First Name	
Birthdate	Age	Sex	Diagnosis

Medication Information		
Medication	Dosage	Time

Is the patient on any controlled medications? ☐ Yes ☐ No

Specific Dosing Instructions: \_\_\_\_\_

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

*Nurses are not permitted to administer any over the counter medications without a doctor's order. Tylenol, Motrin, Creams/Ointments, MUST be ordered and the order must include: Name of the medication, dosage (in Milligrams for oral meds) reason/indication for med, and the interval between doses.*

NYS DEA Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# North East Westchester Special Recreation, Inc. Information Regarding Persons with Seizure Disorder

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Physician Phone #:** \_\_\_\_\_

**Type of Seizure (briefly describe):** \_\_\_\_\_

\_\_\_\_\_

**Typical Duration:** \_\_\_\_\_

Is there an aura before the seizure occurs i.e., seeing colors, hearing sounds, a taste/smell or certain action that indicates an oncoming seizure?

**Describe:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of last seizure:** \_\_\_\_\_

**Approximate # of seizures per month:** \_\_\_\_\_ or per year: \_\_\_\_\_

Staff are instructed to keep individuals safe during seizures, create safe surrounding, and cushion individual's head. In addition, how would you like our staff to respond to a seizure while your child is at program?

**Procedure:**

- ☐ Call 911 immediately
- ☐ Call 911 if seizing more than \_\_\_\_\_ # of minutes (indicate number of minutes)
- ☐ Call parents/guardian to report seizure immediately following seizure
- ☐ No follow up necessary, but to notify parents by end of program day

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature**

**Date**

*I authorize this as my electronic signature and verify that the above information is true.*

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# Summer Program Dismissal Procedure

Camper Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Dismissal List			
(My child may be released from program to the following individuals)			
First Name	Last Name	Phone Number	Relationship

Do Not Release List		
(My child should <b>NOT</b> be released from program to the following individuals)		
First Name	Last Name	Relationship

My child needs staff supervision while waiting for pick-up: ☐ Yes ☐ No

My child can travel home from program independently: ☐ Yes ☐ No

## Sunscreen | Insect Repellant | Hand Sanitizer Permission

Please allow camp staff in my son/daughters group to apply sunscreen daily for outdoor and swimming activities. I will provide a bottle of sunscreen in a zip lock bag each day in my child's backpack.

Please allow camp staff in my son/daughters group to apply insect repellant when necessary for outdoor activities. I will provide a bottle of insect repellant in a zip lock bag each day in my child's backpack

Please allow camp staff in my son/daughters group to apply hand sanitizer as needed to remain in compliance with health department guidelines. I understand the camp will provide the hand sanitizer.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Behavior Policy

North East strives to provide quality programs for children and adults with developmental disabilities that are safe, structured, and fun for the participants. In an effort to provide quality programming for all, we have implemented the following behavior policy, which will be enforced by North East staff.

Participants are expected to:

- Remain with their group and follow the direction given by staff
- Refrain from fighting, verbal abuse or destruction of property
- Demonstrate appropriate bus behavior which consists of remaining in their seat with their seatbelt fastened, maintain an acceptable level of conversation (noise) that does not disrupt others and keep their hands to themselves
- Demonstrate appropriate behavior in a community setting

If an individual has difficulty meeting the conditions stated above, staff will implement the following policy:

### 1<sup>st</sup> Occurrence:

Staff will meet with the individual to discuss the behavior in question and a phone call will be made to the parent to let them know of the problem behavior. A warning will be given to the participant that if the behavior occurs again, they will be sent home. Parents should be prepared to pick up the individual if the behavior happens again.

### 2<sup>nd</sup> Occurrence:

A phone call will be made to the parents, the individual should be picked up immediately and a meeting with the parents must take place before the individual may return to program.

### 3<sup>rd</sup> Occurrence:

Participant will be dismissed from program, no refund.

I have read the North East Behavior Policy and understand that my child will be expected to abide by the procedures outlined above.

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(Parent/Guardian Signature)

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Date

*I authorize this as my electronic signature and verify that the above information is true.*

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## North East Westchester Special Recreation, Inc.

### Participant Coronavirus/COVID-19 Waiver

Participant's Printed Name (Please Print Clearly) \_\_\_\_\_

Date \_\_\_\_\_

As Parent/Guardian/Advocate of \_\_\_\_\_, I have full knowledge and understanding of inherent risks associated with participating in group settings including exposure to and infection with viruses or bacteria.

### Coronavirus/COVID-19 Warning & Disclaimer

Coronavirus/COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal & state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in North East Westchester Special Recreation programs could increase the risk of contracting COVID-19. North East Westchester Special Recreation in no way warrants that COVID-19 infections will not occur through participation in our programs.

In consideration of (participant's name) \_\_\_\_\_'s participation in North East Westchester Special Recreation's programs, I \_\_\_\_\_ Parent/Guardian/Advocate of the person named above, have full knowledge of the nature of risks inherent in program participation and the use of the equipment and that I, on behalf of myself and the named participant, am voluntarily assuming said risks.

### **Pledge:**

I agree to help support North East Westchester Special Recreation's effort to keep everyone safe and healthy and will report to staff:

- If the participant has had any COVID-19 symptoms in the past 10 days
- If the participant has tested positive for COVID-19 in past 10 days
- If the participant has had close or proximate contact with confirmed or suspected cases in past 10 days

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

Parent/Guardian/Advocate Printed Name \_\_\_\_\_

Date \_\_\_\_\_

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