Operation Purple® Camper Special Needs

Please complete and return this form to the camp your child has been accepted to along with your *Operation Purple®* camp registration forms. The National Military Family Association's *Operation Purple* program does not discriminate against children with special needs, but requires parents to complete this form in order to provide a safe and enjoyable camp experience for campers. This form is to be used to notify the accepting camp of any special dietary, health, mobility or disability needs your camper will have while attending camp. The accepting camp will make every reasonable effort to accommodate those needs for your camper. We highly encourage that you work with the camp your child is attending prior to the start of the camp to ensure proper accommodations have been made for your child to have a wonderful camp experience.

1. Child's name: _____
2. Name of camp: _____
3. Camp dates: _____

4. Does your child have any special needs?   [ ] Yes   [ ] No

   If no, please continue to signature line, sign and date.

   If yes, please check all categories that apply to your child:
   [ ] Intellectual Disability
   [ ] Hearing Impairment
   [ ] Vision Impairment
   [ ] Deaf/Blindness
   [ ] Speech-Language Impairments
   [ ] Emotional Disturbance
   [ ] Autism Spectrum Disorder(s)
   [ ] Traumatic Brain Injury
   [ ] Orthopedic Impairments
   [ ] Developmental Delays
   [ ] Specific Learning Disabilities
         Please specify:
         _____
         _____

   [ ] Health Impairments (For example: ADHD, Allergies, Asthma, etc.)
         Please specify:
         _____
         _____

[ ] Other health related items camp staff should be aware of:
 Please specify:

_____

_____

5. Does your child require the use of any special appliance(s)? (Please Note: terrain at camp can be rough/uneven.)
    [ ] Crutches
    [ ] Walker
    [ ] Wheelchair: [ ] child pushes chair independently, [ ] child must be pushed, [ ] child must be pushed uphill only, or [ ] child uses an electric chair

6. With regards to sleep habits, camp staff should be aware that my child:
    [ ] Sleepwalks
    [ ] Has difficulties with bedwetting
    [ ] Uses a CPAP machine (night-time breathing machine)
    [ ] Has other specific sleeping instructions:

_____

_____

7. Is your child currently taking medication?   [ ] Yes   [ ] No
    Please list the medications your child takes and the directions for administering those medications:

_____

_____

_____

_____

8. Will there be a change in your child's medications schedule during the time he/she is at camp? (i.e. starting a new medication, getting off a medication, changing dosage, etc...):

_____

_____

_____

_____

(Please note: It is _NOT_ recommended that camp be used as an 'off' period for your child's standard medication schedule. Behaviors that are typically modified by medication can be very disruptive to the overall camp experience for your child and the other children in attendance. If your child requires medication please provide camp staff with all of the necessary information to ensure your child is able to enjoy their time while at camp.)

9. How does your child communicate?
    [ ] Verbally
    [ ] Sign Language
    [ ] American Sign Language
    [ ] S.E.E. Sign Language
    [ ] Language Board
    [ ] Electronic Device

10. Does your child wear a hearing aid?   [ ] Yes   [ ] No
    If yes, please provide a storage container for use while swimming and daily care
    instructions.

11. Does your child have a "Behavior Intervention Plan" for other social settings? (i.e. School,
    Church, Intramural Programs, etc.)

    [ ] Yes   [ ] No

    If yes, please include a copy with your child's registration forms.

    If no, please describe any behavior challenges your child may experience while at camp
    and provide effective discipline techniques that you would prefer be used:
    _____
    _____
    _____

12. Is there any additional information not covered above or within your child's health history
    that may be useful to camp staff when working with your child?
    _____
    _____
    _____

I confirm that all the information provided on this form about my child is accurate to the best of
my knowledge. I have properly prepared *Operation Purple* camp staff for my child's attendance by
supplying them with all pertinent health information needed for my child to have a safe and
healthy camp experience.

Parent/Guardian Signature_____ Date_____