



SPECIAL NEEDS ASSESSMENT

Please complete and return 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 requests this information in order to provide a safe and enjoyable experience for campers. Please note that some camps' terrain or activity levels may make it difficult to accommodate children with certain special needs. 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 at camp. The accepting camp will make every reasonable effort to accommodate your special needs camper. We encourage parents to work with camps prior to the start of the *Operation Purple* session to determine safety and medical accommodations.

Camper Name _____ Camp dates _____

Does your child have any special needs? ___ Yes ___ No

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

If yes, please fill out the following sections as appropriate:

NATURE OF DISABILITY: (Please check if applicable)

- | | | |
|--|---|--|
| <input type="checkbox"/> Partial Visual Impairment | <input type="checkbox"/> ADHD | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Asperger's | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> ADD | <input type="checkbox"/> Seizure Disorder | |

Allergies _____

Dietary Restrictions _____

Tourette's Disorder - How is it displayed _____

Mental Health Disability - How is it displayed _____

Other _____

SPECIAL APPLIANCES *Note: terrain is rough/uneven.*

Does camper use a wheelchair? ___ Yes ___ No If yes, please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Pushes independently | <input type="checkbox"/> Must be pushed |
| <input type="checkbox"/> Must be pushed uphill only | <input type="checkbox"/> Uses an electric chair |

SLEEPING

Does camper have difficulty with:

- | | | |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> CPAP machine (night-time breathing machine) |
|---------------------------------------|-------------------------------------|--|

Sleeping Instructions: _____

MEDICATIONS

Is the camper currently taking any medication? Yes No

Please list any medications and directions for administering these medications:

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

COMMUNICATION – Please help us help your camper by providing complete information:

How does camper communicate?

Verbally Sign Language American Sign See Sign Language Board Electronic Device

Wear hearing aid? Yes No

If yes, please provide a container for them while swimming and daily care instructions.

BEHAVIOR ISSUES

Describe any behavior challenges the camper may have and effective discipline techniques:

Does the camper have aggressive behavior and/or Oppositional Defiant Disorder (ODD)? Yes No

If so, how is it displayed:

Is there anything not covered above or on the health history that may be useful for working with your child?

I confirm that all the information on this form is accurate to the best of my knowledge. The camper is nonviolent and able to participate in a camp setting.

Parent/Guardian Signature _____

Date _____