



COBB THERAPEUTICS CAMP



GET READY FOR SOME FUN!!!

JUNE 3-JULY 26, 2024

WINDY HILL COMMUNITY CENTER

1885 ROSWELL ST; SMYRNA, GA 30080

770.528.2562



REGISTRATION BEGINS: MARCH 6 *12PM

WWW.COBBPARKS.ORG

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Clinton Jones, CPRP, AFO, CYSA
Recreation Programs Services Manager
Cobb County PARKS
1792 County Services Pkwy
Marietta, GA 30008
(770) 528 – 8845
clinton.jones@cobbcounty.org

March 1, 2024

Dear Parents and Guardians,

We hope this letter finds you and your family well. As we begin the new camp season, we would like to welcome all our new summer families; and would also like to extend a great welcome back to each of our alumni families! As our camp population continues to grow, we are excited to meet the interests of all campers with newly improved programming. Our qualified staff will do their best to introduce your campers to visual arts, athletics, performing arts, fitness, technology, adventure and more. The dedicated staff at our camp sites are looking forward to having another great summer!

Carefully review all the information in this packet and feel free to call one of the listed camp sites with any questions or concerns. You may also visit our website at: www.cobbparks.org Please make sure you fill out all your forms and return them before camp begins. Your child may not attend camp unless you have completed your enrollment and emergency contact forms. Last year's forms are not acceptable to admit your child into camp.

We thank you in advance for giving us the opportunity to service your summer camp needs where our goal is to have fun, have more fun, and create great everlasting memories!

Sincerely,

Clinton Jones

Clinton Jones, Recreation Programs Services Manager

Summer Camp Policies

Cobb Therapeutics Camp strives to create a high-quality summer camp experience for campers ages 7-21 who require specialized services due to developmental and/or physical disabilities. In addition to having fun and making friends, we strive to improve campers' communication and social skills through structured recreation activities.

Discipline

Our Camp staff uses the positive techniques of guidance, including logical or natural consequences applied in problem situations, redirection of children to more acceptable behavior, anticipation of and elimination of potential problems and encouragement of appropriate behavior rather than comparison, competition, or criticism. Consistent and clear rules are established. Staff members encourage children to solve problems rather than imposing solutions and help children to recognize and respect one another's feelings. Counselors encourage pro-social behavior such as cooperation, helping, taking turns and constructive verbal communication to solve problems. The goal is to help children internalize rules and become self-directed in their behavior.

While we understand that campers with Developmental Disabilities occasionally will exhibit non-desired behaviors often associated with communicating their needs, aggression towards self or others may result in dismissal from camp. Camp administration will communicate to parents any incidents involving non-desired behaviors.

Illness

The camper's and staff's health are a matter of major importance to all of us. If a camper is ill, parents are asked not to bring him/her to Camp that day. Illness includes, but is not limited to, fever, diarrhea, vomiting, nasal drainage and/or coughing/sneezing, and unexplained rash. If a camper gets ill during camp, the parent will be contacted for pick up. Campers must be free of the following illnesses for at least 24 hours before returning to Camp: fever, diarrhea and/or vomiting, unexplained rash injuries.

Toileting

If your camper requires toileting assistance, please complete the "Permission to Toilet" form as well as the "detailed Toileting" checklist. We also ask families to provide an extra set of clothing each day for **ALL CAMPERS**, as a just in case.

Devices

While devices used for communication are allowed, we require all valuables be left at home including, but not limited to cell phones, hand-held video game devices, MP3 players, cameras, trading cards and silly putty. We will not be held responsible for damaged, lost, or stolen items.

Refunds & Credit

Registration fees are 100% refundable when the department cancels the activity. A participant wishing to withdraw from an activity/camp that has not been cancelled by the department must provide a request at least seven days before the scheduled start of the activity/camp. They may receive 100% credit to the family's account or may request a refund. Less than seven days prior to the scheduled start of the class refund/credits will not be given except for verified medical/hardship cases. Refunds for payment made by cash or check will be received approximately 2-4 weeks after the refund is requested. If you wish to cancel your camp registration or apply for a credit to another week of camp, you must do so by contacting the facility manager by email.

General Summer Camp Information

Age Range

Cobb Therapeutics Camp is designed for ages 7-21.

Camp Dates

The 2024 Summer Day Camp program has 7-one-week sessions starting on Monday, June 3, 2024, and ending on Friday, July 26, 2024.

Registration Dates

Registration starts on **Wednesday, March 6, 2024, at 12:00 pm**. You may register online or in person and will continue each day thereafter until camp is full.

Camp Hours

Camp starts at 9:00am and each day ends at 3:00pm. All campers **must be escorted in/out by a parent or guardian** for sign in/sign out procedures. Please know that sign-out procedures will require a form of ID.

Fees

Cobb Therapeutics Camp registration fee is \$125 per week for each camper. However, if you are registering multiple campers (siblings) it is half off or (\$60.00) per week for each additional camper. You must register in person to receive the discount, or you may be refunded should you choose to register on-line and make payment in-full (on-line registration does not offer the multiple registration discount). **All Payments are due upon registration, except for those using third-party waivers. (See waiver/third party payments information).**

Lunch/Snack:

Send each camper with a **cold lunch** plus two snacks each day, along with plenty of fluids. We recommend a refillable water bottle with your camper's name on it.

Staff

Cobb Therapeutics Camp is supervised by the Camp Directors and Counselors. Camp counselors are carefully selected based on experience. When possible, we hire Special Education Professionals. Counselors are CPR and first aid trained. In addition, counselors receive specialized behavioral training focused on positive reinforcement, teaching replacement behaviors, and de-escalation strategies. The Counselor-to-Camper ratio approximately 1:4.

One on One's

Cobb Therapeutic Camp strives to provide a safe & fun environment for all; however, due to limits on staffing & training, we are unable to provide camp services to those who require one-on-one care. We are also similarly limited to providing services to those who require specialized nursing care.

Late Drop-off on Swim Days

Closer to the start of camp, you will receive a Cobb Therapeutics Camp Calendar. You will also be able to check the board daily. If a camper misses the bus on swim days, parents may meet us at Seven Springs Water Park no later than **10:30 a.m.** **Parents must walk their camper into the park and speak directly with the Cobb Therapeutics Camp Administrator prior to leaving their child.**

COBB Therapeutics Registration Process

You may register your camper at Cobbparks.org (under Therapeutic Services) or in person at Windy Hill Community Center beginning **March 6, 2024, at 12:00pm**. Registration will continue each day thereafter until camp is full. Due to transportation limitations Cobb Therapeutics Camp is only able to accommodate three (3) wheelchairs per week.

In addition to the online registration, parents or guardians are required to complete several forms that can be downloaded upon completion of online registration. **All forms must be returned to Matt Ulmer via in person, mail, or email: matthew.ulmer@cobbcounty.org.**

- The Cobb Therapeutics Camp Registration Form which includes the Participant Medical Information Form
- Permission to Administer Meds Form. (If applicable)
- Epilepsy/Seizure Action Plan (if applicable)
- "Permission to Toilet" Form (if applicable)
- Detailed to Toileting Checklist (if applicable)

To ensure that Cobb Therapeutics can best serve each individual camper, as well as, to ensure that new campers feel comfortable in a new environment, we require **all new campers take a brief tour of the facility** and complete a short assessment with the Camp Administrator. **Tours and assessments of new campers must be completed at least one week prior to attending camp.** To set a tour please contact Matt Ulmer at 770-528-2569 or matthew.ulmer@cobbcounty.org.

Waivers/Third Party Payments

All payments are due upon registration unless you are using third-party payment. If using a third-party payment, parent or guardian must call Cobb PARKs TRS office (770-528-2562) to register. **THE PARENT IS RESPONSIBLE FOR SUBMITTING THE INVOICE TO THE THIRD-PARTY PAYER.** Cobb PARKs TRS understands that payment may not be received until 2-3 weeks after completion of the camp your camper attended. However, if balances are not paid in full by September 15, the parent is responsible for the outstanding balance.

Parent Orientation Meeting:

We will hold a parent orientation meeting via Zoom May 29th at 6:30 p.m. An email invitation will be sent to the email address provided.

Cobb Therapeutics Summer Camp Day

Camp Day

Camp begins at 9:00 a.m. and ends at 3:00 p.m.

- Parent or guardian must sign in and out campers daily.
- FIRST DAY OF CHECK-IN: All parents must review all information (medication sheet, emergency contacts sheet, etc.). **Please allow additional time.**

Bring daily

- Bag with everything labeled with child's name
- Full change of clothes
- Sunscreen
- Medications if applicable
- **Cold lunch PLUS 2 snacks**
- Towels
- Hygiene supplies if applicable (ex: diapers/feminine hygiene, etc.)
- Additional bag for wet items

Medications

- Medication sheet **MUST** be filled out if camper requires medications during the camp day.
- All medications will be administered by *Cobb PARKs Therapeutics staff*.
- "Permission to Administer Meds Form," must be completed and personally given to Matt Ulmer or Debbie Parrish in advance (first day of camp is perfect!).
- Medications must be labeled in original bottle or labeled blister pack.
- All medications must be in a sealed bag with camper's name on it.
- **If your child takes medications at camp, camp administrator must have enough for each day. If a camper does not have medications for a day, they will not be allowed to stay at camp.**
- Over-the-counter medication must be in its original container and marked with the camper's name.

Pick-up List

- Only people listed on the PICKUP SHEET will be allowed to pick up their camper.
- Pickup sheet can be modified **in person** by parent or guardian as needed.

Swim Days

- Dress campers in bathing suits and apply sunscreen in advance.
- We will have spray sunscreen available; however, if you have concerns about a possible allergic reaction, please let us know and send preferred sunscreen labeled with your camper's name on it.
- Campers that wear diapers must arrive in a certified swim diaper. A proper daytime diaper will be worn after our swim day has concluded. If necessary, provide additional certified swim diapers.
- If your camper is sick with diarrhea, they will not be allowed in the pool. Furthermore, they should not attend camp that day.

Campers who are non-swimmers need to have their own life vests – labeled with their name.

Windy Hill CC/TRS

1885 Roswell Street, Smyrna, GA 30080

Facility Manager: Debbie Parrish • Office#: (770) 528-2562 • Email: debra.parrish@cobbcounty.org

***NO SUMMER CAMP (JUNE 19th) ***

****NO SUMMER CAMP (JULY 1st - 5th)****

WEEK 1 (JUNE 3 – JUNE 7)

Superhero Week - Superheroes UNITE and enjoy a week of superhero themed activities and fun!!

Barcodes:

MI: 37024 MO: 37025 SV: 37026

WEEK 2 (JUNE 10 – 14)

The Great Outdoors – A week filled with outdoor education and fun! Campers will get the chance to learn about and meet animals from therapy dogs to corn snakes!

Barcodes:

MI: 37027 MO: 37028 SV: 37029

WEEK 3 (JUNE 17 – 21)

Weird Science - Put on your lab coat and safety goggles as we explore the natural world with Big Thinkers on Friday! ***NO CAMP JUNE 19**

Barcodes:

MI: 37030 MO: 37031 SV: 37032

WEEK 4 (JUNE 24 – JUNE 28)

Myths & Legends - Use your magic wand, put on your cape, and prepare for fun! This week will be dedicated to using our imagination to explore crafts and games.

Barcodes:

MI: 37033 MO: 37034 SV: 37035

WEEK 5 (JULY 8 – JULY 12)

Christmas in July – Santa's back in town and he's bringing his elves and reindeer! Let's go reindeer hunting!

Barcodes:

MI: 37036 MO: 37037 SV: 37038

WEEK 6 (JULY 15 – JULY 19)

Mario's Game Week – Let's play video games together with new friends! I LOVE GAMES!

Barcodes:

MI: 37039 MO: 37040 SV: 37041

WEEK 7 (JULY 22 – 26)

Beach Bash – CAMPERS – get ready for a fun-filled week of outdoor water games with squirt guns, kiddy pools, and water balloons!

Barcodes:

MI: 37042 MO: 37043 SV: 37044

Barcodes Key:

Mild – MI

Moderate – MO

Severe - SV



Information

Cobb Therapeutics Camp Registration Forms

Please complete the following forms

COBB COUNTY PARKS
THERAPEUTIC CAMP MEDICAL FORM

Revised 01.2024

It is imperative that you notify us of any changes in condition or medications.

If registering more than one participant, **please** complete a separate form.

This form must be completely filled out before we will register the participant.

Participant Information

Participant's Name (Last) _____ (First) _____

Male/Female _____ Age _____ DOB _____

Address _____ City _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Parent/Guardian Name _____ Phone (____) _____

Parent/Guardian Email _____

Caregiver Contact Name _____ Caregiver Number _____

Alternate Emer Contact _____ Alternate Emer Number _____

Check All that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Mild Intellectual | <input type="checkbox"/> Moderate Intellectual Disability | <input type="checkbox"/> Severe Intellectual Disability |
| <input type="checkbox"/> Profound Intellectual Disability | <input type="checkbox"/> Emotional & Behavior Disorder | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Speech-Language Impairment | <input type="checkbox"/> Autism | <input type="checkbox"/> Pervasive Development Disorder |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Fragile X Syndrome | <input type="checkbox"/> Epilepsy |

Photo permission for Cobb County PARKS publicity purposes: Yes ____ No ____

Please circle the correct response(s), complete each category and list any other information you feel Cobb Therapeutics Camp staff should be aware of to provide safe and enjoyable activities.

MEDICATION: Will camper take medication during camp hours? (Please circle) YES NO.

***If yes, please complete attached form. During camp hours, Cobb County PARKS staff will administer all medication. NO CAMPER WILL SELF-MEDICATE.*

DOCTOR'S NAME: _____

PHONE: _____

MEDICAL CONDITIONS: Diabetes Shunts Braces/Canes/Walker Hearing Aid Ear Tubes
Catheter Needs Interpreter Glasses Wheelchair (type) _____

Other _____

SEIZURES: YES NO

***If yes, please complete Epilepsy Seizure Action Plan.*

BEHAVIORS:

Any triggers? _____
What are the triggers? _____
Inappropriate behaviors? _____
Desired way to deescalate: _____

TOILETING ASSISTANCE: YES NO

***If yes, please complete the "Permission to Toilet" form **AND** the "Detailed Toileting" Checklist.*

COMMUNICATION TOOLS: _____

ALLERGIES (specific) _____

DIETARY CONCERNS: _____

SAFETY: Cobb County PARKS is committed to conducting programs with the utmost safety and concern for participants. Those registering for programs must recognize, however, that there are potential risks of injury when participating in recreation programs. Cobb County PARKS continually strives to reduce such risks and provides safety rules and instructions to protect participants.

INSURANCE: Cobb County PARKS carries liability insurance only. The cost of medical insurance coverage for injuries would make program fees prohibitive; therefore, it is the responsibility of each individual or family to **provide their own medical insurance**. Cobb County PARKS must have the following information, however, in case of an emergency.

Medical Insurance Co _____ Policy # _____

Cobb County PARKS provides an approximate 1:4 staff to participant ratio. Please note if participant requires a closer ratio and why: _____

IS A BUS AIDE REQUIRED? Yes ____ No ____ If yes, explain why: _____

SWIM INFORMATION: Beginner ____ Intermediate ____ Advanced ____ Diving ____

OTHER HELPFUL INFORMATION:



COBB COUNTY PARKS

Camp Waivers and Agreements, 2024

THIS FORM MUST BE AGREED TO AND SIGNED BEFORE PARTICIPANT CAN ATTEND CAMP.

Camper's Name	
Camper's Name	
Camper's Name	
PLEASE PRINT	

Waiver Of Liability and Hold Harmless Agreement

For and in consideration of my participation in any Cobb County program or activity I do hereby enter the following covenant:

I do hereby agree not to sue Cobb County, Georgia their officers, agents, employees, or assignees for any reason arising from my participation in such activity.

This covenant not to sue shall be binding upon myself, my heirs, the administrator, or executor of my estate or upon any others acting on behalf of myself or my estate. It is expressly understood that this covenant not to sue is entered into for the purpose of avoiding litigation and is a prerequisite to my participation in such activities. This covenant to sue shall be a defense to any action or proceeding which I may bring, or which may be brought, instituted, or taken by my heirs, the executors or administrators of my estate, or any others on my behalf of my estate, against any of the parties listed in the first portion of this document.

I expressly assume all risks and hazards associated with the activities and assume all responsibility, including but not limited to financial responsibility, for any injury, including death, that I may receive while in, or upon the premises where the activities are being conducted.

This covenant not to sue covers, but is not limited to acts of negligence, either by commission or omission, of any type, kind or nature whatsoever.

I hereby state that I am under no disability to contract and have read and understand this covenant not to sue and have entered it voluntarily.

Photo Release

I understand that, I, as a program participant and/or my minor child listed below, may be photographed for purposes of publication, and I hereby authorize Cobb County, Georgia to publish photographs of our names and likenesses, for use in its printed and online publications (such as newsletters, annual reports, websites, social media and blog posts). I, in both an individual and representative capacity, hereby release Cobb County, Georgia, its Board of Commissioners, its officials, employees, agents, representatives and volunteers, and any third parties involved in the creation or publication of printed and online publications (such as newsletters, annual reports, websites, social media and blog posts) from liability for any claims by me or any third party in connection with my participation or the participation of the minor child listed below

Field Trip / Pool Time

I also authorize Cobb County PARKS and Cobb County Board of Education employees to transport said child on field trips in a county vehicle. I realize that we will go on field trips such as the movies, water parks, county swimming pool, museums and other locations that will be pre-disclosed before departure.

Right to Dismiss

Cobb County PARKS reserves the right to dismiss a child from camp due to inappropriate behaviors such as bringing weapons to camp, harming a staff member or child, vandalizing property including vehicles or equipment, stealing, excessive discipline problems, and other severe behaviors.

Emergency Medical Release Agreement

In the event of illness or injury, I hereby authorize the staff of Cobb County to initiate any required medical or first aid procedure, or to obtain emergency medical treatment as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment.

To my knowledge, I do not have any medical or other condition which would prevent me, or my minor child, from participating in the program/activity. I also acknowledge that if I have any reservations or concerns about my, or my minor child's, medical condition, it is my responsibility to consult with the appropriate medical personnel prior to participating in the program/activity.

I am providing this authorization in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of Cobb County to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I understand that every effort will be made to notify the individual indicated as the emergency contact beforehand by telephone.

I further agree that the execution of this release shall not constitute a waiver by Cobb County, its officers, agents, and employees of the defense of governmental immunity, when applicable, or any other defenses recognized by the courts of this State or any Federal court under state or federal law.

I acknowledge, acceptance of this release is not to be construed as an admission of any liability whatsoever by Cobb County, Georgia and/or any of its officers, agents, and employees. This release and hold harmless agreement shall constitute full and complete release of all claims.

I, the undersigned, have carefully read the foregoing release and know and understand the contents thereof. I sign this release voluntarily as my own free act, with full knowledge of its significance, intending to be legally bound thereby.

Notice of Exemption

I, the undersigned, acknowledge that I have been informed that this program is not a licensed child care facility*. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

*(Georgia State Rule 59 1-1-1.46(b)1: Programs which are owned and operated by any department or agency of the state, county, or municipal government. This includes, but is not limited to, the customary school day, as defined by Georgia law, and before- and/or after-school programs in public schools operated by the public school system and staffed with school system employees and recreation programs operated by city or county parks and recreation departments and staffed with city or county employees.)

I acknowledge having read and agree to the above waivers and agreements.

Signature of Parent/Guardian

Date



COBB COUNTY PARKS

Michael Brantley, CPRE

—DIRECTOR

1792 County Services Parkway

Marietta, GA 30008

Phone: (770) 528-8800

Fax: (770) 528-8801

NOTICE OF EXEMPTION

I, _____, (print) acknowledge that I have been informed that this program is not a licensed child care facility*. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

*(Georgia State Rule 591-1-1.46 (b)1: Programs which are owned and operated by any department or agency of state, county, or municipal government. This includes, but is not limited to, the customary school day, as defined by Georgia law, and before-and/or after-school programs in public schools operated by the public school system and staffed with school system employees and recreation programs operated by city or county parks and recreation departments and staffed with city or county employees.)

(Parent Signature)

Date

Child(ren) Names:

CobbCounty...Expect the Best!
Equal Opportunity Employer
www.cobbparks.org



COBB COUNTY PARKS, TRS
Emergency Contact Form, 2024

FORM MUST BE COMPLETED AND RETURNED PRIOR TO YOUR CAMPER ATTENDING CAMP!

Camper's Name: _____

If more than one camper, list here: _____

Parent/Guardian Name Can this person pick up your camper? Yes No	
Type: Home * Mobile * Work	
Type: Home * Mobile * Work	
Other:	
OFFICE USE: ID CHECKED	

Parent/Guardian Name Can this person pick up your camper? Yes No	
Type: Home * Mobile * Work	
Type: Home * Mobile * Work	
Other:	
OFFICE USE: ID CHECKED	

Parent/Guardian Name Can this person pick up your camper? Yes No	
Type: Home * Mobile * Work	
Type: Home * Mobile * Work	
Other:	
OFFICE USE: ID CHECKED	

Parent/Guardian Name Can this person pick up your camper? Yes No	
Type: Home * Mobile * Work	
Type: Home * Mobile * Work	
Other:	
OFFICE USE: ID CHECKED	

Cobb Therapeutics Camp * PERMISSION TO ADMINISTER MEDICATION

NAME _____

DATE _____

<i>Times</i>	<i>Medication / Dosage</i>	<i>Medication / Dosage</i>	<i>Medication / Dosage</i>	<i>Medication / Dosage</i>
8:00 am				
With B'fast				
10:00am				
11:00am				
12-Noon				
With lunch				
1:00 pm				
2:00 pm				
3:00 pm				
4:00 pm				

*All medications should be sent in the ORIGINAL PACKAGE / CONTAINER with the time of day to be given and dosage clearly marked.

*DO NOT SEND ANY MEDICATIONS IN UNMARKED CONTAINERS!

**Medication not in clearly marked prescription containers will not be accepted.

I, _____, authorize the staff of Cobb County PARKS Therapeutics Department to administer the above listed medication to my child.

Signature of Parent/Guardian

Date

**Cobb PARKs Therapeutic Recreation Services
Epilepsy/Seizure Action Plan**

Participant Name:		DOB:			
Primary Emergency Contact:		Phone:			
Secondary Emergency Contact:		Phone:			

Seizure Symptoms <small>Type of seizure, precursor symptoms, what seizure activity looks like, duration of seizure activity.</small>	Emergency Medicine(s) <small>When and how to administer</small>	How often do these types of seizures occur?	Day and time of last seizure of this type	Who to contact if this type of seizure occurs?	When should EMS be contacted? <small>(please write N/A if EMS does not need to be called)</small>

Please describe how staff can support participant as they recover from a seizure:

Information for 911/EMS:

Preferred Hospital		Daily Seizure Medication(s)	
Medical Insurance and Policy Number		Allergies	
Primary Care Physician		Weight	
Neurologist		Other	

Cobb PARKs Therapeutic Recreation Services – Epilepsy/Seizure Action Plan (pg 2)

Parent/Guardian will:

- ☐ Provide information regarding the most current approved Epilepsy/Seizure Action Plan and provide staff any updates or changes to the plan as they occur.
- ☐ Provide signed medication form for the above-mentioned medication
- ☐ Provide appropriate medication as indicated in the Epilepsy/Seizure Action Plan **Staff Will:**

- Provide care consistent with the above plan by staff.
- Provide accurate, timely information about the scheduled activities and program environment via the camp calendar
- Document care provided as it is given using documentation log below
- Provide adequate space as needed for care
- Provide appropriate storage, access, and disposal for medication and equipment
- Communicate with the parent/guardian as outlined in the above plan

I, (parent/guardian) _____, acknowledge and agree that the information set forth herein accurately reflects the procedures required for implementation of the Epilepsy/Seizure Action Plan for (Participant) _____. I further acknowledge that Cobb PARKs staff will rely upon the information provided herein make reasonable efforts to provide care.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date



Log of Seizure Activity (Staff Use Only)

Date/Time Seizure Started	Time Seizure stopped	Seizure Symptoms/Type What did you observe?	Medicine(s) Was medication given? When?	After Care What care was provided after the seizure ended?	Did you notify the parents?	Was EMS contacted?



Cobb PARKs Therapeutic Recreation Services
PERMISSION AND PROCESS FORM FOR PERSONS THAT ARE NON-TOILET TRAINED

We welcome all individuals in our program, regardless of their personal care needs. If a participant should soil him or herself the following procedures will be followed:

1. The soiled clothing or Disposable Undergarment (DUG) will be changed immediately.
2. A staff person will bring the participant into the changing area or restroom. DUG's will be changed only on non-absorbent surfaces that will not be used for eating or other activities.
3. Soiled clothing and/or DUG's will be removed, and the participant will be cleaned with a disposable wipe. If the participant can complete these tasks, he or she will be asked to do so.
4. A clean DUG and/or clothing will be replaced with those supplied by the parent or guardian. If the participant can complete these tasks he or she will be asked to do so. DUG's shall be used for participants unless the individuals' skin reacts adversely to disposable undergarments. Parents /guardians must provide camp staff with clean cloth diapers (if allergic) or disposable undergarments.
5. The hands of both the staff person and the participant will be cleaned with a germicidal cleansing agent when sink is not readily available and soap and water when sink is available after each toileting. Staff will use gloves for toileting changes unless otherwise specified by parent/guardian.

Parents/guardians of all children/teens/adults are asked to sign the following statement of understanding and authorization:

"I understand that if my child, or participant under my guardianship, soils his/her clothing or disposable undergarment (DUG) that it will be changed immediately by recreation staff members. A separate, private changing area that is in the activity room or nearby restroom will be used for changes. If the participants can change his or her own clothes and cleaning him or herself, he or she will be asked and allowed, to do so. If, however, he or she cannot complete the tasks, recreation staff members will change the soiled clothing or DUG and clean the participant with a disposable wipe. I am responsible for providing all necessary items for changing.

Disposable pull-up pants or DUG will be used unless the participant's skin reacts adversely to the disposable undergarments. ***"I give permission for Cobb PARKs staff to change my child's, or participant under my guardianship, soiled clothing or DUG as needed".***

Only check if applicable

☐ My child is allergic to disposable undergarments and must use a cloth diaper. I will provide the necessary supplies.

☐ My child needs detailed personal care supports due to a disability please see the back of this form for the outlined steps needed or the further training I will provide for recreational staff.

Name of Program Participant

Signature of Parent/Guardian

Date

Detailed Personal Care Support for Toileting

Only to be completed if your participant requires assistance toileting due to a disability as indicated on front of this form.

Please let us know how we can best help your participant with toileting by completing the chart below.

Self-care task	Independently	With Partial Assistance	With Total Assistance	N/A	Detail Support Needed
Identify need to use the restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicate need to use the restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transition to restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Go into restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Select urinal or toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Un-do fastener on bottoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pull bottoms down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remove underwear/DUG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sit on toilet until done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wipe clean after urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wipe clean after bowel movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pull up underwear/put on new DUG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pull up bottoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fasten bottoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wash hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transition out of restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

What time(s) of day (approximate) does your participant typically use the restroom? If applicable, how often would you like staff to check for a soiled DUG?

Please make sure to send your participant to camp with extra DUGs, clothing and wipes if needed. Staff will have and use gloves on site. If your participant requires additional supplies, please make sure to bring them for camp staff and outline instructions for use in table above. Please fill out a separate medication release form if any topical ointments or creams are required.