

**Lebanon Summer Camp
Support Needs/Accommodations Request Form**

The Lebanon Summer Camp complies with all applicable federal, state, or local laws, including the Americans with Disabilities Act, in providing access and reasonable accommodations to individuals with disabilities.

Participant Name: _____ DOB: _____ Age: _____

Parent/Guardian Name: _____ Daytime Phone#: _____

Are there any learning, physical, dietary, behavioral, mental health, or medical needs about which the program should be aware?

Has your child been diagnosed with a condition/impairment that will affect ability to participate in summer camp? If so, please describe how we might assist the child's meaningful participation.

Lebanon Summer Camp staff will make reasonable accommodations and modifications in policies, practices, or procedures, when such accommodations or modifications are necessary to afford services, facilities, privileges, advantages, or accommodations to individuals with disabilities and/or support needs pursuant to the Americans with Disabilities Act and all other applicable state and federal laws. An accommodation is not reasonable if in making the modifications the nature of the goods, services, facilities, privileges, advantages, or program are fundamentally altered.

Based on information gathered from this form, if necessary, the camp director and parents/guardians will develop a written Accommodation Plan that details specific needs and strategies for the child. The Accommodation Plan will be shared with camp staff or instructors.

PARENT CONSENT - By signing this form, you agree to work with Lebanon Summer Camp to take the necessary steps to help determine the extent of accommodations and support needs. If additional documentation is needed regarding an accommodation or modification, you will seek to provide it to Lebanon Summer Camp or otherwise make it available. You also acknowledge that you will provide relevant and needed information regarding any accommodation to the best of your ability and understand that camp staff is relying on the accuracy of the information for the safety and participation of the child.

Signature of Parent/Guardian: _____ Date: _____