

DSS FACT Family Handbook – The family handbook must be reviewed by parent or guardian of participant. We encourage participant review as well when possible. The Acknowledgment must be signed by parent. If participant is able to sign they are encouraged to do so, if over 18 and no guardianship is submitted both parent and participant (if possible) should sign.

Revisions have been made in 2019. ALL AGES REQUIREMENT

Physical Form - The first page which is Part 1 should be filled out, signed and dated by parent. Pages 2, 3 and 4 or Part 2 and 3 should be filled out, signed and dated by Medical Provider, an attachment for immunization records signed or stamped by Medical Provider can be provided.

Should be less than a year old. REQUIREMENT FOR AGES 5-12

Medication Consent Form – Medication that must be administered during camp hours (9AM – 3PM) require written parent/guardian consent using the MEDICATION CONSENT FORM. Medications include: Over-The-Counter Topical, Oral, Inhaled/Nasal, Patches, Eye and Ear. Prescription include: Topical, Oral, Inhaled/Nasal, Patches, Eye and Ear.

ADDITIONALLY, all children requiring Nebulizers and EPInephrine auto-injectors must submit the MEDICATION CONSENT FORM **signed by BOTH the parent/guardian and prescribing physician.** **ALL AGES REQUIREMENT**

Commonwealth of VA Religious Exemption – If camper was not immunized due to religious beliefs and you have provided this exemption to the school system at any point in time please submit a copy of this to us in lieu of immunizations with your physical form.

Teacher/Provider Assessment - This should be filled out by a teacher or a provider only. This provides us with information on how to appropriately staff camper for optimal camp experience. **SHOULD BE SUBMITTED EACH YEAR IS EXTREMELY USEFUL. ALL AGES REQUIREMENT**

Military Discount - If applicable. If you have selected this discount it may be applied to both weeks. You can submit a DD214, orders, proof of service letter or service verification letter or card. These may be found on line through your benefits website under documentation. You can email it to camp4autism@gmail.com **THIS NEEDS TO BE SUBMITTED ONCE. Email to verify. ALL AGES REQUIREMENT**

Free/Reduced Lunch – If applicable. If you have selected this discount, please submit

- Approval letter from the Board of Education approving child
- Medicaid approval letter
- Food stamps or TANF approval letter
- SSI eligibility letter for individual.

This tuition is good for **ONE WEEK ONLY**. Second week discount will not apply Please email it to camp4autism@gmail.com . **THIS NEEDS TO BE SUBMITTED EACH YEAR. ALL AGES REQUIREMENT**

Guardianship/Custody - If participant is an adult and has a legal guardian (court appointed) and you have not already done so, please provide a copy to camp4autism@gmail.com **THIS NEEDS TO BE SUBMITTED ONCE. REQUIREMENT FOR 18 YEARS OR OLDER.**