SCHIEFELBUSCH
Speech-Language-Hearing Clinic

Schiefelbusch-Sertoma Summer Program

CAMP CAL

Communication and Literacy for Complex Communicators

Please complete and return this form to the Schiefelbusch Clinic at your earliest convenience. Space is limited. Program fees are $150 per child, minus $75 SERTOMA Scholarship. **The total family cost is $75 per child.** Questions may be directed to Sarah Domingos by email at sdomingos@ku.edu or phone at (785) 864-4690.

Participant Information

Child Name _____ Pronouns _____

Date of Birth _____

Parent/Guardian Name(s) _____

Street Address _____

City _____ State _____ Zip _____

E-Mail _____ Cell Phone _____

License Plate State and Number _____

Select one session based on age group:

Ages 8 - 10	***Ages 5 - 7***	***Ages 2 - 4***
June 16 - 20	June 23 - 26	June 30 - July 3
12:30 p - 2:30 p	12:30 p - 2:30 p	9:00 a - 10:30 a

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Please help us serve each participant the best we possibly can by answering the following questions regarding your child.

Does your child have any known allergies? If yes, please explain.

Does your child have any medical or developmental diagnoses? If so, please indicate.

Does your child take any medications? If yes, please explain.

Describe one or two things you would like for us to focus on/help your child with during the program.

Describe how your child communicates what they want or need.

Describe behavioral needs or challenges that would be helpful for us to know about and how we can best support your child.

Describe any physical or sensory needs that would ne helpful for us to know and how we can best support your child.

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Describe what we can do to help your child be successful during the program.

Describe some of your child's interests and dislikes.

What device and vocabulary/user does your child use?

How long has your child used their device?

What are their current language goals?

Please describe how your child uses their device.

Is there anything your child does not like or is upset by?

What motivates your child?

What helps your child learn?

If your child has an IFSP or IEP that would help us in supporting them, please send via encrypted email to sdomingos@ku.edu or fax to (785)864-5094. Please note, sending private information via regular email is not HIPAA-compliant.

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In case of emergency, contact: _____ at: _____

Consent for taking and use of pictures and videos:

I give my permission for photographs and videos to be taken of our child during summer program activities for publication, education, or other media use related to the promotion and operation of the summer program and educational use at the University of Kansas.

_____ _____

Parent or Legal Guardian Signature **Date**

Authorization for Emergency Medical Care:

I give my permission to Sertoma-Schiefelbusch Summer Program staff to call emergency medical service and for the medical service to provide emergency medical care for my child _____, should a medical emergency arise. It is understood that staff will make a conscientious effort to locate parents and/or emergency contacts listed on this form before any action is taken. I/We will accept the expense of medical treatment.

_____ _____

Parent or Legal Guardian Signature **Date**

Authorization to Pick-Up Child

Permission is hereby granted to SERTOMA-Schiefelbusch Summer Program staff to release the above-named child to the following persons, provided proper identification is first established. PLEASE LIST THE NAMES OF ALL AUTHORIZED PERSONS AND THEIR RELATIONSHIP TO THE CHILD, INCLUDING YOURSELF AND ANY OTHER PARENT/LEGAL GUARDIAN.

1. _____ Relationship _____ Telephone # _____
2. _____ Relationship _____ Telephone # _____
3. _____ Relationship _____ Telephone # _____
4. _____ Relationship _____ Telephone # _____

Please return original form to:
Schiefelbusch Clinic
1200 Sunnyside Ave. 2101 Haworth Hall
Lawrence, KS, 66045
sdomingos@ku.edu
(785) 864-5094 (fax)