



Mobile STEAAM Solutions 2025 Summer Enrichment Camp Special Needs or Accommodation Request Form

At **Mobile STEAAM Solutions**, we strive to provide an inclusive and supportive environment for all campers. This form is designed to help us understand any specific needs or accommodations your child may require, ensuring a positive camp experience. Please complete this form if your child has any medical, dietary, behavioral, or other special needs that we should be aware of.

All information will be kept confidential and used solely to provide the best possible care for your child.

Camper Information

- **Camper Name:** _____
- **Date of Birth:** _____
- **Age:** _____
- **Parent/Guardian Name:** _____
- **Phone Number:** _____
- **Email Address:** _____

Special Needs or Accommodations

Please describe any special needs, accommodations, or support your child requires:

- **Physical Needs (Mobility, Accessibility, etc.):**

- **Medical Conditions (Allergies, Chronic Conditions, etc.):**

- **Dietary Restrictions or Food Allergies:**

- **Behavioral or Sensory Needs (Autism Spectrum, ADHD, etc.):**

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- **Learning Accommodations or Support (IEP, 504 Plan, etc.):**

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- **Other Needs or Accommodations (Emotional, Social, etc.):**
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Medications

If your child will be taking any medications during camp, please complete the **Permission to Administer Medicine Form**.

- **Will your child require medication during camp hours?**
 - ☐ Yes
 - ☐ No

If yes, please provide details:

Additional Information

Please provide any additional information that would help us support your child during camp:

Emergency Contacts

In case of an emergency, please provide at least one additional contact:

- **Primary Contact Name:** _____
 - **Relationship to Camper:** _____
 - **Phone Number:** _____
- **Secondary Contact Name:** _____
 - **Relationship to Camper:** _____
 - **Phone Number:** _____

Consent and Acknowledgment

By submitting this form, I understand that **Mobile STEAM Solutions** will do its best to provide appropriate accommodation based on the information provided. I also acknowledge that not all accommodations may be feasible, and I am responsible for communicating with camp staff regarding any necessary adjustments for my child's well-being and success at camp.

- **Parent/Guardian Signature:** _____
 - **Date:** _____
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Camp Contact Information

If you have any questions about this form or your child's specific needs, please contact **Mobile STEAM Solutions** at:

Phone: 240-776-2369

Email: admin@mobilesteamsolutions.com

Camp Director: Yvette Williams

This **Special Needs or Accommodation Request Form** will help us ensure your child's needs are met and they have a safe and enjoyable experience at camp.