



# Physical Examination Form – 2026

Return to 1400 South Braddock Avenue, Pittsburgh, PA 15218  
Email: hspanner@classcommunity.org Fax: 412.683.4160

Name of Applicant (Last, First, Middle Initial) \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Exam \_\_\_\_\_  
Medical Diagnosis: Primary: \_\_\_\_\_

**Permission to Release Information:** For the purpose of determining my need for support and physical assistance, I authorize the release of any medical information by the physician to Community Living and Support Services (CLASS).  
\_\_\_\_\_  
Signature—Applicant (if over 18) or parent Date

Secondary: \_\_\_\_\_

**Check if Abnormal:**

- Eyes       Ears       Nose       Throat       Mouth       Neck       Spine
- Lungs       Heart       Arteries       Veins       Lymphatic       Extremities       Abdomen
- Hernia(s)       Rectal       Skin       Genitalia-Male       Gynecological       Breasts       Muscular-Skeletal

**Describe Abnormalities:** \_\_\_\_\_

**Decubitus**     No       Yes      Location: \_\_\_\_\_  
Treatment: \_\_\_\_\_

PLEASE NOTE: That all decubitus ulcers must test negative for MRSA and be stage II or less **BEFORE** attending camp. Please provide documentation.

**Physician Orders:** Medications: \_\_\_\_\_  
\_\_\_\_\_  
Diet: \_\_\_\_\_  
\_\_\_\_\_  
Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
Ongoing Treatments: \_\_\_\_\_  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
\_\_\_\_\_

**Physician's Recommendations:**

1. In the event of an emergency, the patient can vacate the building with  No Assistance  Minimal Assistance  Total Assistance
2. Patient is capable of administering his/her own medications       Yes       No       With Supervision
3. On the basis of the present medical findings, does the patient have any restrictions for "camp" or recreational activities including (but not limited to) sports, swimming, rustic camping, other physical activities?  
 No       Yes (Describe) \_\_\_\_\_

**Attending Physician** \_\_\_\_\_ **Physician License No.** \_\_\_\_\_

**Physician Address** \_\_\_\_\_



# NEEDS ASSISTANCE FORM

## FireFly Camps and Retreats 2026

NAME: \_\_\_\_\_

Please mark the areas you require assistance using the following:

I=Independent  
SA=Some Assistance  
TA=Total Assistance  
NA= Not Applicable

	I	SA	TA	NA	Special Instructions
Cathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Irrigating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shower/Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wheeling/Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Taking Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

### List Allergies:

\*\*\*Please send medications required for treatment\*\*\*

Allergy

Treatment at home for reaction

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cathing Schedule: (Times) \_\_\_\_\_

**Skin Breakdown:** PLEASE BRING SUPPLIES WITH YOU TO CARE FOR ANY BREAKDOWN (TAPE, GAUZE PADS, OINTMENT, BANDAIDS, ETC.)

Does participant have any skin problems \_\_\_\_\_ Yes \_\_\_\_\_ No

Where is the sore located? \_\_\_\_\_

How is the area being treated? \_\_\_\_\_

### PRN MEDICATIONS

**Antacids:** YES  NO  **Anti-Diarrheal:** YES  NO  **Benadryl:** YES  NO

**Bug Spray:** YES  NO  **Ibuprofen:** YES  NO  **Pepto-Bismol:** YES  NO

**Sunscreen:** YES  NO  **Tylenol:** YES  NO  **Antibiotic Ointment:** YES  NO

Other: \_\_\_\_\_

**\*\*\*Please list all medications\*\*\***

**Medication MUST be pre-dosed.** For pills, medicine bags or pill boxes. For liquids, syringes with caps. Please bring any over the counter medication(s) if necessary.

**List medications:**

Prescription & Non-Prescription	Dosage (mg)	Form Pill/Liquid	Times					Purpose	Description of Pill(Medication)
			M	Noon	A	D	B		

Please list food restrictions: \_\_\_\_\_

Please list emergency contact name and telephone number (including yourself-parents):

	Contact Name	Telephone Number	Email
1.			
2.			

I/We have reviewed the above information and made any necessary modifications. The information contained on this form is current and accurate. Furthermore, I/We assume all risk associated with participating in recreational activities and use of the facilities and amenities at Camp Guyasuta. I agree to hold harmless and indemnify CLASS and its employees, and do hereby release and forever discharge CLASS and its employees from all liability, causes of actions, suits, debts, damages, claims, or demands of any nature whatsoever which may arise in connection with me/my child participating in any activity while at the Firefly Camps and Retreats program. The terms hereof serve as a release and assumption of risk for my heirs, estate and all members of my family. I/We understand that the Firefly Camps and Retreat staff **ARE NOT** responsible for the dosing of medications, therefore, I agree to provide all medications pre-dosed in an appropriate container. I further certify that the CLASS staff may dispense and administer the PRN medications as indicated at their discretion. I/We also understand that the Firefly Camps and Retreat staff **ARE NOT** responsible for lost or damaged items.

\_\_\_\_\_  
Parent/Guardian/Participant (18 years old or older)                      Date

ADULTS	<b>FOR STAFF USE ONLY</b>	YOUTH & TEEN
Retreat 1: Initial _____ Date _____	Retreat 1: Initial _____ Date _____	Retreat 1: Initial _____ Date _____
Retreat 2: Initial _____ Date _____	Retreat 2: Initial _____ Date _____	Retreat 2: Initial _____ Date _____
Camp: Initial _____ Date _____	Camp: Initial _____ Date _____	Camp: Initial _____ Date _____
Retreat 3: Initial _____ Date _____	Retreat 3: Initial _____ Date _____	Retreat 3: Initial _____ Date _____
Retreat 4: Initial _____ Date _____	Retreat 4: Initial _____ Date _____	Retreat 4: Initial _____ Date _____



# **PERMISSION & EMERGENCY CONTACT**

Parent or guardian should complete all sections if camper is a minor.

## **Consent and Release**

In consideration for allowing me/my child to participate, I hereby assume all risk associated with participating in recreational activities and use of the facilities and amenities rented by Community Living And Support Services (CLASS). I agree to hold harmless and indemnify Community Living And Support Services and its employees, and do hereby release and forever discharge Community Living And Support Services and its employees, from all liability, causes of action, suits, debts, damages, claims, or demands of any nature whatsoever which may arise in connection with me/my child participating in any activity while attending Firefly Camps and Retreats. The terms hereof serve as a release and assumption of risk for my heirs, estate and all members of my family.

**The Consent and Release signature will be valid from January 1, 2026 to December 31, 2026. Any changes in medical status during this time should be brought to the attention of the Program Manager.**

I, as the participant/parent/legal guardian, have read the above consent and release and understand its terms. I understand that participation in any activity in a recreational environment presents risk. By signing this consent, I agree to release Community Living And Support Services and its employees from all liability.

Print Participant/Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Medical Treatment**

I give consent for (participant's name) \_\_\_\_\_ to attend the residential camping program of Community Living And Support Services known as Firefly Camps and Retreats. I am responsible for providing medical information. I permit staff of Community Living And Support Services to consent to and/or provide emergency medical treatment, administer medications, and treat minor illness/injury. In the event of a medical emergency, I permit staff of the Community Living And Support Services to activate the local Emergency Medical System (EMS), at which point the local EMS will provide treatment and provide transportation to the nearest hospital. I understand that any cost associated with treatment and/or transportation is my responsibility. Furthermore, in the event of a medical emergency, the staff of Community Living And Support Services will contact one or more individuals listed as parent(s) or emergency contacts on this application, AND I understand that the contacted individual will be required to go to the hospital. I understand that I/my child will need medical clearance to return to the program.

I understand that the staff of Community Living And Support Services will neither provide transportation in the event of a medical emergency nor physical support or treatment beyond the extent of their program training by Community Living And Support Services.

I/We understand that the staff of Community Living And Support Services Firefly Camps and Retreats Program is not responsible for the dosing of medications, therefore, I agree to provide all medications pre-dosed in an appropriate container. I understand that the abovementioned staff is not responsible for any inaccuracies of the dosing or pills included in the containers that I have provided. I understand that the staff of Community Living And Support Services Firefly Camps and Retreats Program are only responsible for administering the pre-packaged/dosed medications at the appropriate times and are not responsible for inaccurate dosing.

I further certify that Community Living And Support Services Firefly Camps and Retreats Program staff may dispense and administer the PRN medications as indicated at their discretion.

Considering all of the above, I waive and release all rights and claims of any nature against all parties responsible for my/my child's care in the case of all injuries or damages of any nature, which may result while (participant's name) \_\_\_\_\_ is participating in the programs of Community Living And Support Services. I further recognize that Community Living And Support Services cannot be held responsible for the loss of clothing or personal property while I am/my child is attending Firefly Camps and Retreats. I accept and acknowledge the risk in participating in the residential camping program.

Print Participant/Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

## **PERMISSION INFORMATION**

**Please initial all areas of which you give consent and sign at the bottom.**

### **Photographic/Audio Replication**

I give my consent allowing photographs, videotapes, or voice recording to be taken of me/my child for educational or promotional purposes of CLASS programs. I waive the right to inspect publications or products, which include my child prior to their release.

### **Participation and Roster Release**

I give my consent for me/my child to participate in all activities during my/their stay at camp, including but not limited to; pain management techniques, recreational sports, art, swimming, cooking, camp outs, Camper address book, etc.

### **Field Trips**

I give permission for (participant's name) \_\_\_\_\_ to participate in field trips during the summer or weekend programs and for the staff of CLASS to provide transportation if they deem it necessary.

### **Home Transportation Release**

I give consent for me/my child \_\_\_\_\_ to be released to the care of the listed individual at the conclusion of camp (e.g., grandparents, neighbor, another campers parent with whom the child is to ride home).

Print Participant/Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FireFly Camps and Retreats Programs Rights & Responsibilities

*As a participant of CLASS programs you have the following rights:*

## **Civil and Personal Rights**

- The right to be treated with dignity and respect
- The right to be free from threats and intentional injury
- The right to free from any form of restraint or seclusion used as a means of coercion, discipline, or convenience used to pressure, punish or seek revenge
- The right to be free from any form of abuse, neglect, or exploitation
- The right not to be discriminated against based on race, ethnicity, national origin, religion, gender, age, current or anticipated mental or physical disability, sexual orientation, genetic information, or source of payment
- The right not be filmed, taped, or photographed without your consent
- The right to have information provided in a language or method you understand

## **Rights about Services**

- The right to accurate, unbiased information and assistance
- The right to accept or refuse any information, or services if you are your own legal decision maker
- The right to receive services with reasonable accommodation of individual needs and preferences, except where the health and safety of the direct care worker is at risk
- The right to receive Personal Assistance Services (PAS) in private, as applicable
- The right to have qualified, trained staff
- The right to be notified of any changes in scheduled delivery times
- The right to choose a provider. You are not required-nor can you be forced- to use CLASS as your provider or your only provider of services
- The right to ask for a change of provider, at any time, through your service coordinator
- The right to see your personal record and to ask that it be changed
- The right to an alternate accessible format, including cognitively accessible formats, and/or reasonable accommodation when seeking assistance from CLASS. (Such modifications may include but are not limited to interpreters, taped material, and adaptive devices/technology)
- The right to file a complaint about your services with either CLASS, your service coordinator, the Office of Long-Term Living, or the Office of Developmental Programs
- The right to receive quality services (if you do not believe your direct care worker or CLASS is following your service plan you should call CLASS right away if it's not resolved you should contact your supports coordinator)
- The right to exercise your rights without negatively affecting how you are treated by CLASS
- The right to decide whether to participate in an activity

# Responsible Behavior Guidelines

All participants of CLASS and Firefly Camps and Retreats Programs are expected to abide by the following guidelines:

## Respect for Property and Staff

- Maintain a neat and clean personal area during your stay.
- Abide by facility safety, upkeep, and use guidelines as defined by the facilities.
- Report any broken or unsafe items/equipment to appropriate staff.
- Possession and/or use of weapons are not permitted on the grounds of the facilities. Report any incidents to Leadership staff.
- Participants are discouraged from bringing personal items or property of significant value (Laptops, video cameras, digital cameras, iPods, video games, cell phones, money, etc...). CLASS and its staff will not be responsible for loss or damage to such property.
- Participants are not to use other participant/staff personal equipment.

## Participant Health and Wellness

- Follow self-care routines as prescribed.
- Take medications as prescribed.
- Personal hygiene shall be attended to on a daily basis.
- Smoking is not permitted in any buildings of the facilities. Smoking is only permitted in designated areas specified by Camp Leadership. Use of tobacco products by minors will not be permitted.
- Alcoholic beverages and/or illegal drugs are not permitted at the facilities.
- Any incident that jeopardizes the health, safety, or welfare of another participant or staff member should be reported immediately to Leadership staff.
- Participants in wheelchairs should have their seatbelts fastened unless in the pool area or at the pond.

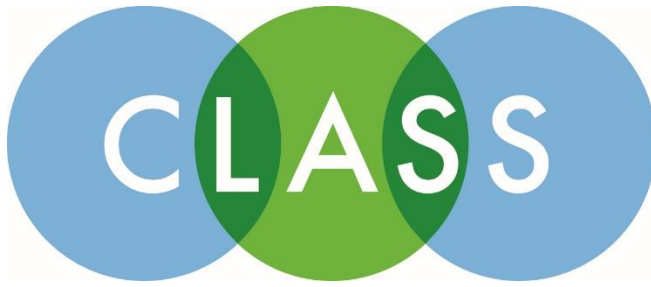
## Behavior Guidelines

- Treat others in a respectful manner. This includes respect for another's personal space, feelings, and belongings. Participants are expected to speak and act in a non-threatening and non-vulgar manner with staff and other participants.
- Any incident that jeopardizes the health, safety, or welfare of another participant or staff member will not be tolerated. Such incidents should be reported immediately to Camp Leadership Staff.
- Actively participate in the decision-making process.
- Report potential fraud and abuse to Leadership staff.
- Notify staff when there is a change in address, contact information, or other pertinent information.

***During situations of a participant's non-compliance to the above stated guidelines, CLASS Leadership staff reserve the right to limit and/or discontinue that participant's involvement in future programs.***  
**I/We have reviewed the above rights and responsibilities and have an expressed understanding of them.**

Print Participant/Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant/Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Community Living  
And Support Services

### **Media Release Consent**

I hereby consent to and authorize the use and reproduction of any and all photographs or other audiovisual materials taken of me, \_\_\_\_\_, during my participation in any CLASS events or program(s).

I consent and agree to the use of these photographs and audiovisual materials for promotional printed or video material including social media, commercials for television, educational activities, or any other use for the benefit of the CLASS. This consent shall remain in effect throughout my participation in CLASS events and program(s).

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Guardian/Parent (If applicable) \_\_\_\_\_ Date \_\_\_\_\_

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Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



