

**MINNESOTA AVIATION CAREER EDUCATION CAMP  
AMERICANS WITH DISABILITIES ACT/MINNESOTA HUMAN RIGHTS ACT  
ACCOMMODATION REQUEST FORM**

Name of Camp Participant: \_\_\_\_\_

Date of Camp: \_\_\_\_\_ Date Request Submitted: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_

Parent(s) Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Does your child already have an IEP or 504 Plan? \_\_\_\_\_ YES \_\_\_\_\_ NO

1. What mental or physical impairment(s) does your child have?
  
2. Has your child been diagnosed with this condition/impairment?
  
3. Describe your concern (below) and how it affects the camper's performance or ability to access the camp and its activities.
  
4. List/describe the accommodations and/or modifications being requested.
  
5. Please attach documentation verifying the diagnosis and information above, as well as physician's accommodation (or modification) recommendation.

PHYSICIAN INFORMATION

Physician's Name (Print): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Physician/Clinic's Address: \_\_\_\_\_

Physician/Clinic's Telephone/Fax Number: \_\_\_\_\_

PARENTAL CONSENT

I , \_\_\_\_\_, understand and agree that in order to determine my child eligibility for accommodations (or modifications) under the Americans with Disabilities Act & applicable Minnesota law, including the Minnesota Human Rights Act, the Minnesota Aviation Career Education Camp must review this form, along with the attached medical documentation. By signing this form, I agree that I am consenting to Minnesota Aviation Education Camp and its designated agents reviewing my child's records (as attached). I have the authority to consent on behalf of my minor child. I also understand and acknowledge that I have provided full and complete information to the best of my ability and understand that Minnesota Aviation Education Camp and its agents, volunteers and employees are relying on the accuracy of the information I have provided to determine whether and to what extent my child may receive accommodations under the law.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

