Summer Fun for Children of All Abilities

Children with learning, mental health, and/or physical disabilities have the same rights to attend summer camp as their non-disabled peers and cannot be denied admission due to their disability.

Summer camps, both private and those run by towns or municipalities, must provide reasonable modifications of their policies, practices, and procedures when necessary to enable campers with disabilities to participate in summer camp, under Titles II (camps run by state and local governments) and III (private camps) of the ADA. These requirements are not inconsistent with Connecticut Youth Camp Licensing Regulations Section 19a-428-6 (“Administration of Medications”).

Helpful tips for summer camps:

- Camps must consider each child’s needs on an individual basis.
- Guardians may seek reasonable modifications of the camp’s policies, practices, and procedures, if needed for the camper to fully participate in all camp activities.
- Requests for exceptions to COVID-19-related mask-mandates should be evaluated consistent with the ADA.
- Camps should train staff in the requirements of the ADA.
- Camps must train staff to monitor and supervise campers with diabetes just as they do for children with severe allergies.
- Camps must train staff to administer daily medicines required by campers with disabilities, such as insulin (via pump or shots) and emergency medications, such as glucagon and Diastat, just as they do for the proper use of Epi-Pens.
- The ADA does not require camps to hire a licensed medical practitioner to administer insulin or glucagon to campers.

The ADA and Children with Diabetes:

A summer camp must make reasonable modifications for children with diabetes, including those who are insulin-dependent, so that these children can participate fully in camp programs, services, and activities, unless the camp can demonstrate that the necessary modifications would fundamentally alter the nature of the programs, services and activities offered by the camp.