



## Special Needs Camper Supplementary Form 2017

Please complete the information requested below and attach this form to a *2017 Summer Day Camp Application* form that indicates your desired camp weeks and locations.

### Camper Information

Name:	Birthday (day/month/year)	<input type="radio"/> Male	<input type="radio"/> Female
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### Parent 1 / Primary Contact

### Parent 2 / Secondary Contact

Name:	Name:
Work phone:	Work phone:
Cell or Home phone:	Cell or Home phone:
Email:	Email:

What are your goals for your child's camp experience?

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### Please check all that apply

- |  |  |  |
|--|--|--|
| <input type="radio"/> Developmental disability         | <input type="radio"/> Cerebral Palsy     | <input type="radio"/> Diabetes               |
| <input type="radio"/> Down syndrome                    | <input type="radio"/> Spina Bifida       | <input type="radio"/> Seizure disorder       |
| <input type="radio"/> Autism Spectrum Disorder         | <input type="radio"/> Hearing impairment | <input type="radio"/> Heart conditions       |
| <input type="radio"/> Pervasive Developmental Disorder | <input type="radio"/> Visual impairment  | <input type="radio"/> Communication disorder |
| <input type="radio"/> Asthma or respiratory concerns   | <input type="radio"/> ODD                | <input type="radio"/> ADD/ADHD               |
| <input type="radio"/> Tourette's syndrome              | <input type="radio"/> Other _____        |  |

Please highlight your child's strengths and abilities:

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### Medical Information

Does your child use any of the following? Please check all that apply

- |   |                              |                                   |                                |                                    |
|---|------------------------------|-----------------------------------|--------------------------------|------------------------------------|
| <input type="radio"/> Wheelchair                | <input type="radio"/> Walker | <input type="radio"/> Jogger      | <input type="radio"/> Earplugs | <input type="radio"/> Hearing aids |
| <input type="radio"/> Adapted floatation device | <input type="radio"/> Shunt  | <input type="radio"/> Terra Track | <input type="radio"/> Catheter | <input type="radio"/> Inhaler      |

- Glasses/contacts     Tubes (in ears)     G-tube     Epi-pen     Orthotics
- Helmet for daily use     Other \_\_\_\_\_

If your child uses a wheelchair, are there any concerns you feel we should be aware of, such as recent operations, illness, skin rashes, etc?

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If your child requires supportive lifting, please provide their weight: \_\_\_\_\_ lbs.

Does your child wear ear plugs for water activities?     No     Right ear     Left ear     Both

Please describe any pertinent medical information or present treatments you feel we should be aware of (recent medical procedures, illnesses, rashes, etc.)

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If your child requires medication while at day camp, please complete the chart below. All medication must be provided in the original container with the child's name clearly printed on the label.

Medication	Dosage	Administration time	Reason for taking

### **Communication and Camp Life**

Please describe the areas in which your child requires the most support or assistance:

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Complete if your child is taking bussing to day camp

Can your child sit independently?     Yes     No

Does your child require assistance or restraints (belt, harness, adapted seat)     Yes     No

If YES, please explain \_\_\_\_\_

Does your child take Para-Transit transportation     Yes     No

How does your child communicate? Please select all that apply

- Functional speech                       Gestures                       Leading/pointing
  - Sign language                               PIC-SYM                       Picture Exchange Program (PECS)
  - Isolated sounds                             Picture/photo book
  - Other \_\_\_\_\_
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Please provide us with any additional information to help communicate with your child

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Is your child capable of:			Please explain:
Responding appropriately to supervision	<input type="radio"/> Yes	<input type="radio"/> No	
Being responsible for their own belongings	<input type="radio"/> Yes	<input type="radio"/> No	
Working with a group of peers	<input type="radio"/> Yes	<input type="radio"/> No	
Communicating in sentences	<input type="radio"/> Yes	<input type="radio"/> No	
Communicating with gestures or sounds	<input type="radio"/> Yes	<input type="radio"/> No	
Carrying out tasks when shown how	<input type="radio"/> Yes	<input type="radio"/> No	
Eating socially in a group	<input type="radio"/> Yes	<input type="radio"/> No	
Following simple instructions	<input type="radio"/> Yes	<input type="radio"/> No	

Does your child experience any difficulty in social settings?  Yes  No  
 When does it occur and how do you recommend we respond?

Please list potential problems for your child at camp (i.e. wandering, water, fears, etc.) and how do you recommend we respond?

Does your child experience behavioural/social difficulties (i.e. physical aggression, tantrums, running off)?  Yes  No  
 When does it occur and how do you recommend we respond?

What, if anything triggers these behaviours?

Favourite Activities

Least Favourite Activities

Please list any activities your child cannot participate in due to medical reasons:

### Camper Self-Care Abilities

Task	Independent	Needs Some Help	Dependent on Staff
Dressing/undressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washing hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

