

Special Needs Supplementary Form

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

Please circle the camp(s) your camper will be attending this summer:

Day Camp

Camp Queen Elizabeth

Camp Henry

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:

Language spoken at home: _____

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

Personal and Medical Information

Please check all that apply

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

Comments:

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

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

- Adapted flotation device
 Inhaler
 Other: _____
- Glasses/contacts
 Tubes (in ears)
 G-tube
- Epi-pen
 Orthotics
 Helmet for daily use

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

If you camper requires supportive lifting, please provide their weight: _____ lbs.

Does your camper wear ear plus for water activities?

- Yes
- No
- Left Ear
- Right Ear

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

If your camper requires medication while at 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

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"/>
Walking up stairs of hills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toileting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual hygiene (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating and Drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is your camper toilet trained?

Yes

No

Does your camper wear diapers or other personal care items?

Yes

No

Describe the support your camper needs in toileting/changing.

Describe the guidance/assistance your camper needs at meal times, including any special dietary needs.

If attending overnight camp, please describe your camper's sleeping habits.

Communication

How does your camper communicate? Please select all that apply:

- Functional speech
 - Sign language
 - Isolated sounds
 - Gestures
 - PIC-SYM
 - Leading/point
 - Picture/photo book
 - Picture Exchange Program (PECS)
 - Other
-
-

Is your camper capable of:

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

Please provide any additional information to help us communication with your camper.

Camp Life

Please highlight your camper's strengths and abilities:

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

Does your camper experience any difficulty in social settings? Yes No
If so, when does it occur and how do you recommend we respond?

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

What, if anything, triggers these behaviours?

My camper likes: _____

My camper dislikes: _____

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

Complete the following if you camper is taking the bus to 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

Additional Supportive Information

What level of support does your camper receive at school or daycare?

May we contact the school for additional supportive information?	Yes	No
School/daycare name: _____	Phone #: _____	

Does your camper receive support from a clinician, therapist, or other medical personnel?	Yes	No
May we contact them for additional supportive information?	Yes	No
Support name: _____	Phone #: _____	

Is your child participating in other camp programs this summer?	Yes	No
May we contact them for additional supportive information?	Yes	No
Camp name: _____	Phone #: _____	

Additional Comments:

Please describe any additional information that would be helpful for us to know about your camper and/or additional information to make your camper's camp experience successful.

I have reviewed this form and completed it to the best of my knowledge and beliefs.

_____	_____	_____
Parent/Guardian Print Name	Signature	Date Completed

This form MUST include a completed Camp Application/Registration form.