

All Kids in Camp Supplementary Form



YMCA of Western Ontario



This form was designed through a partnership between the Boys and Girls Club of London, the City of London, and the YMCA of Western Ontario. This form can be used at these three summer camps plus SportWestern and Children's Museum summer camps. It is the responsibility of parents/guardians to fill out the form, copy it, and submit it to each camp.

Which camp(s) will your child be attending?

- Boys and Girls Club
 City of London
 YMCA
 SportWestern
 Children's Museum

Child's Name: _____ Male Female

Date of Birth (Y/M/D): ___ / ___ / ___ Age: ___

Parent/Guardian #1:	Parent/Guardian #2: (if applicable)	Parent/Guardian Email Address(es):	
Address:		Home Phone #:	Cell Phone #:
City:	Postal Code:	Work Phone #:	Work Phone #:
Emergency Contact 1 - Name and Phone #		Emergency Contact 2 - Name and Phone #	
Signature of Emergency Contact 1		Signature of Emergency Contact 2	

* Emergency Contacts must be different from Parent/Guardian contact information.

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

Please check all that are applicable to your child.

- | | | |
|---|---|---|
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Down syndrome | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Asperger's syndrome | <input type="checkbox"/> Autism | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Pervasive Developmental Disorder | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Communication disorder |
| <input type="checkbox"/> Asthma/respiratory problems | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Tourette's syndrome | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Other _____ |

Please highlight your child's strengths and abilities:

MEDICAL INFORMATION

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

- Wheelchair Walker Tubes (in ears) Earplugs Hearing aids
 Orthotics Shunt G-tube Catheter Inhaler
 Glasses/contacts Jogger Terra Trek Epi-pen Adapted floatation device
 Helmet for daily use Other: _____

If your child uses a wheelchair, are there any concerns you feel we should be aware of (rashes, etc)?

Does your child wear hearing aids or ear plugs for water activities? Yes No

- Right ear Left ear Both

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

Medication(s)	Dosage	Time(s)	Reason for Taking

COMMUNICATION AND CAMP LIFE

Please describe the area(s) in which your child requires the most support or assistance:

Is your child able to sit independently on the bus? Yes No

Does your child require assistance or restraint (belt, harness, adapted seat) on the bus? Yes No

Please explain: _____

Does your child require Para-Transit transportation? Yes No

How does your child communicate? Please check all that apply.

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

Please describe: _____

Is your child capable of:

- Responding appropriately to supervision Yes No
- Being responsible for belongings Yes No
- Working with a group of peers Yes No
- Communicating in sentences Yes No
- Communicating with gestures or sounds Yes No
- Carrying out tasks when shown how Yes No
- Eating socially in a group setting Yes No
- Following simple instructions Yes No

Please explain:

In social settings, when does your child experience the most difficulty (eg. crowds, transitions, change) and how do you recommend we respond?

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

Does your child experience behavioural/social difficulties (eg. physical aggression, tantrums)? Yes No
If yes, please explain what happens when your child is agitated:

What, if anything, triggers these behaviours?

How do you recommend we respond to these behaviours? (i.e. behaviour protocol)

Favourite activities:

Least favourite activities:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

DAILY LIVING

Your child: is toilet trained wears diapers

Describe the support your child needs in changing/toileting:

Camper Self-Care Abilities

TASK	INDEPENDENT	NEEDS SOME HELP	DEPENDENT ON STAFF
Dressing/undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking up stairs or hills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menstrual hygiene (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the night time routine that helps to settle your child (for camp sleepovers, if applicable):

Describe the assistance your child needs at meal times, including any special dietary needs or allergies:

ADDITIONAL INFORMATION

What level of support does your child have at school/daycare?

School /Daycare: _____ Phone #: _____

May we contact the school for additional information? Yes No

Clinician/Therapist: _____ Phone #: _____

May we contact your clinician/therapist for additional information? Yes No

If your child is attending more than one of the camps included on this form, may we speak with the other camp provider(s) about your child's camp experience? Yes No

ADDITIONAL COMMENTS:

Please note anything else that would be helpful for us to know about your child, and/or additional tips for your child's success at camp:

I have reviewed the form and I certify that the statements above are true, complete and accurate to the best of my knowledge and belief.

Parent/Guardian Signature

Date Completed