

# Campers with Special Needs Supplementary Form



Dear Parent/Guardian: 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 and can be used at all three summer camps. It is the responsibility of parents/guardians to fill out the form and submit to each applicable camp.

Which camp(s) will your child be attending?  Boys and Girls Club  City of London  YMCA

Child's Name: \_\_\_\_\_  Male  Female

Date of Birth (Y/M/D): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

Mother's Name:	Father's Name:	Email Address:	
Address:		Home Phone #:	Cell Phone #:
City:	Postal Code:	Work Phone # (Mother):	Work Phone # (Father):
Emergency Contact 1 - Name and Phone #		Emergency Contact 2 - Name and Phone #	

\* Emergency Contacts must be different from parental contact information

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

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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"/> 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.

- 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:

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

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

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

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What, if anything, triggers these behaviours? \_\_\_\_\_

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How do you recommend we respond to these behaviours? \_\_\_\_\_

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Favourite activities:

Least favourite activities:

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

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

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## DAILY LIVING

Your child:  is toilet trained  wears diapers

Describe the support your child needs in changing/toileting:

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## 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):

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Describe the guidance/assistance your child needs at meal times, including any special dietary needs:

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## OUTSIDE INFORMATION

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

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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

May we speak with camp staff at the Boys and Girls Club of London, the City of London, and/or YMCA about your child, if they are attending more than one of these camps?  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:

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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.

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Parent/Guardian Signature

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Date Completed

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Inclusion Coordinator Signature

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Date Signed