



# All Kids in Camp Supplementary Form

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. It can be used at these three summer camps as well as SportWestern, Epilepsy Support Centre, and the Thames Valley Children's Centre summer camps. It is the responsibility of parents/guardians to fill out the form, copy it, and submit to each camp.

## Which camp(s) will your child be attending? (Please check all that apply.)

- Boys and Girls Club     
  City of London     
  YMCA     
  Sport Western  
 Epilepsy Support Centre     
  Thames Valley Children's Centre     
  Other

## Contact Information

Child's Name: \_\_\_\_\_  Male  Female  
 Date of Birth (Y/M/D): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

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

\* Emergency contacts MUST be different from Parent – Guardian 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.

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|---|---|---|
| <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:

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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)?

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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.)

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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

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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 (explain)     No

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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/Describe \_\_\_\_\_

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**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 (explain)  No

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What, if anything, triggers these behaviours?

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

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Favourite activities:

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Least favourite activities:

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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			
Washing hands			
Sitting			
Walking up stairs or hills			
Swimming			
Menstrual hygiene (if applicable)			
(other)			

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

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

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## Additional Information

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

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How often does your child attend school/daycare (ie. daily, twice a week, etc.) \_\_\_\_\_

Name of School/Daycare/EA/Teacher \_\_\_\_\_

May we contact the school/daycare for additional information?  Yes  No Contact # \_\_\_\_\_

Clinician/Therapist \_\_\_\_\_

May we contact the clinician for additional information?  Yes  No Contact # \_\_\_\_\_

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

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## Additional Thoughts & 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Complete

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