All Kids in Camp Supplementary Form

This form was designed through a partnership between BGC London (Boys & Girls Club), the City of London, and the YMCA of Western Ontario. It can be used at these three summer camps as well as Epilepsy Southwestern Ontario, and the TVCC summer camps. It is the responsibility of parents/guardians to fill out the form, copy it, and submit to each camp.

Please note that if one or more of the questions does not apply to your child, please skip those questions.

Which camp(s) will your child be attending? Please select all that apply

☐ City of London	☐ BGC London (Boys and Girls Club of London)
☐ TVCC	☐ YMCA of Southwestern Ontario
☐ Epilepsy Southwestern Ontario	☐ Other:

Contact Information

Child Details

Last Name	First Name
Preferred Name	Date of Birth
Gender ☐ Male ☐ Female ☐ Identify as Other	Age
Primary Language Spoken	Secondary Language Spoken

Parent/Guardian Details

Parent/Guardian 1 Last Name	Parent/Guardian 1 First Name
Parent/Guardian 2 Last Name	Parent/Guardian 2 First Name
Camper Street Address	
City/Town	Postal Code
Primary Phone Number	Secondary Phone Number
Emergency Contact Name 1	Emergency Contact Name 2
Emergency Contact Number 1	Emergency Contact Number 2

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

Communication

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

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

Please provide additional details about how your child communicates:

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Camp Life

Camper Preferences

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

What is your child most excited about doing at camp?

Please highlight your child's strengths and abilities:

What types of activities does your child enjoy?

Most favourite activities	Least favourite activities

Note: camper participation in swimming activities may be limited due to COVID-19 restrictions. Your camp provider will provide specific details once registration is complete.

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

Direction & Guidance

Is your child capable of…	Yes	No	Please explain:
Putting on and wearing a mask/face covering?	☐	☐	
Washing hands thoroughly with soap and water?	☐	☐	
Thoroughly rubbing hand sanitizer?	☐	☐	
Responding appropriately to supervision?	☐	☐	
Being responsible for belongings?	☐	☐	
Working with a group of peers?	☐	☐	
Communicating in sentences?	☐	☐	
Communicating with gestures or sounds?	☐	☐	
Carrying out tasks when shown how?	☐	☐	
Eating socially in a group setting?	☐	☐	
Following simple instructions?	☐	☐	

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Medical Information

Please check all that are applicable to your child:

☑ Developmental Disability	☐ Down Syndrome	☐ Spina Bifida
☐ Pervasive Developmental Disorder	☐ Asperger's Syndrome	☐ Cerebral Palsy
☐ Communication Disorder	☐ Tourette's Syndrome	☐ Diabetes
☐ Asthma/Respiratory Problems	☐ Hearing Impairment	☐ Epilepsy
☐ Mental Health Issues	☐ Visual Impairment	☐ ADD/ADHD
☐ Other	☐ Heart Problems	☐ Autism

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

Assistive Devices

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

Assistive Devices	**Medical Devices/Medications**	**Mobility Devices**
☐ Hearing Aids (see below)	☐ Catheter	☐ Wheelchair (see below)
☐ Earplugs (see below)	☐ G-tube	☐ Terra Trek
☐ Tubes (in ear)	☐ Shunt	☐ Jogger
☐ Glasses/contact lenses	☐ Epi-pen (auto-injector)	☐ Walker
☐ Helmet for daily use	☐ Inhaler	☐ Orthotics
☐ Adapted Flotation Device	☐ Other:	☐ Cane/crutches

If your child uses an assistive device, are there any concerns you feel we should be aware of (e.g., rashes)?

Does your child wear hearing aids or earplugs for water activities? ☐ Yes (see below) ☐ No

If yes, ☐ Right ear only ☐ Left ear only ☐ Both ears

Mobility

Does your child require lifts or transfers? ☐ Yes (select an option below) ☐ No

☐ One-person transfer	☐ Two-person transfer	☐ Lift transfer
If lifts or transfers are required, how much does your child weigh?		___ (lbs/kgs)

Please provide any additional details regarding mobility, group transportation, lifts or transfers:

Transportation

Please provide details on your child's group transportation needs:	**Yes**	**No**
Does your child require Para-Transit transportation?	☐	☐
Is your child able to sit independently on the bus?	☐	☐
Does your child require assistance or restraint (e.g., belt, harness, adapted seat) on the bus?	☐	☐

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Medication

Will your child be bringing medication to camp? If so, please provide some basic details below.

Medication(s)	Will this medication be administered at camp?	Reason for Taking
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

Note: your camp provider may require an additional medication form be provided to supplement this one.

Social Support

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

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

Does your child experience any sensory issues (e.g., lights, sound, overstimulation, mask wearing, etc.)? How do you recommend we support your child to avoid exposure or best respond?

Please list any potential concerns you have for your child at camp (e.g., wandering, water, fears, etc.).
How do you recommend we prepare and respond to these concerns?

Does your child experience behavioural/social difficulties? ☐ Yes ☐ No
If yes, please explain what happens when your child becomes agitated (e.g., physical aggression, tantrums, etc.):

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

What, if anything, triggers these behaviours?

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Daily Living

Camper Self-care

Task	Independent	Needs Some Help	Dependent on Staff
Dressing/undressing	☐	☐	☐
Washing hands	☐	☐	☐
Sitting	☐	☐	☐
Walking up stairs or hills	☐	☐	☐
Swimming	☐	☐	☐
Menstrual hygiene (if applicable)	☐	☐	☐

Eating & Drinking

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

Toileting

Your child: ☐ is toilet trained ☐ wears diapers

Please describe the support your child needs in changing/toileting:

Additional Contacts & Support

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

How often does your child attend school/daycare (e.g., daily, twice a week, part-time, etc.)?

May we contact the school/daycare for additional information? ☐ Yes ☐ No

Name	Phone Number

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

Name	Phone Number

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

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Final 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:

***Please attach any additional forms or information pages as needed (e.g., All About Me, etc.).**

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

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