

2012 Camper information form - Fill one out for every child attending camp

This form is for your child's buddy (if they have one), group leader and the nurse. Fill it out as best you can to help these people know how to take care of your child and to help your child have a great time at camp.

Child's Name _____ Parents Name _____

Age _____ Approx. Weight _____ Gender _____ Home Phone Number _____

Child's Diagnoses (no abbreviations): _____

Allergies? ___ Yes ___ No If yes, please list & explain reaction: _____

Do medications need to be administered at camp? ___ Yes ___ No (Nurse is available to do this)

If yes, please fill out the medication form you can find at www.disciplefarm.com and send it in with your registration or we will mail one to you.

Assistance: Will there be any adults at camp who are familiar with your child and could be contacted should any assistance be needed? Adult's Name _____

Notes to Sue: I appreciate notes that will help me know who your child might work best with. Even if you have told me before or if it worked perfect last year please attach a short note (1-2 sentences). These notes will be confidential. Do not write the notes on this form as I copy this and give it to the buddy, the group leader and sometimes the nurse.

Dietary Considerations: Please circle all that apply at camp:

G-tube (Nurse can do this)	Pureed/Soft Foods	Uses straw for liquids
Will bring lunch from home	Uses special cup/utensils	Environmental considerations for feeding
Requires Assistance Feeding – Min Mod Max	Parent will feed	Thickened liquids
Special positioning for feeding	Won't eat at camp	
Other _____		

Please describe all circled dietary considerations. Explain how your child's Buddy should be involved.

___ No problems with feeding

Communication: Please circle all that apply at camp. How will your child communicate with his/her Buddy?

English	Spanish	Sign Language
Speech Delays – Min Mod Max	Non-Verbal	Augmentative Communication Device
Gestures	Picture board	Other: _____

Please describe use of all circled language supplements and/or delays as they would involve communication between your child and his/her Buddy at camp.

___ No communication issues

Respiratory Issues: Please circle all that apply at camp

Asthma _____ Tracheotomy _____ Other: _____

Please describe how these issues may affect your child at camp and the role the buddy or nurse will need to take in dealing with them.

___ No respiratory issues

Physical Issues: Please circle all that apply at camp.

Assistance walking – Min Mod Max	Assistance w/Fine Motor Skills – Min Mod Max	Walker
Assistance w/transfers – Min Mod Max	Wheelchair/Stroller/Scooter	Stander
Non-Ambulatory	Cane/crutches	Hand Splints
AFOs/Orthotics/Braces	Needs someone near while walking	
Other _____		

Please describe all circled items and expected involvement of Buddy. _____

 No physical issues

Medical issues: Please circle all that apply

Seizures	Diabetes	Bleeding Disorder	Heart
Shunted Hydrocephalus	Other: _____		

Please describe how these medical issues will affect your child at camp and what involvement will be needed from the buddy or nurse.

 No medical issues

Toilet Routine: Please circle all that apply at camp.

Requires Supervision in Toilet	Help with clothing	Diaper Changes
Goes on a schedule (Give schedule below)	Needs reminders to go	Help with wiping
Other _____	Remind to wash hands	Needs help with sitting or standing

Please describe type of assistance required and the child's usual routine:

 No issues with toileting

Sensory Issues/Behavior Characteristics: Please circle all that apply at camp.

Visual Impairment	Impulsive	Aggressive/dangerous to self or others
Auditory Impairment	Doesn't always follow directions	Very active
Sensitive to Touch	Poor safety awareness	Short Attention Span
Sensitive to certain/loud noises	Needs foreshadowing	Runs away
Unusual Fears	Tends to Wander	Other _____

Sensory Issues – Please Describe: _____

Please describe child's behaviors and recommended response of Buddy for all circled items above. Include warning signs, trigger issues, things that work and things that don't work.

Rewards/Incentives that may be helpful. _____

 No Sensory or Behavior issues

I give my permission for this form to be shared with whomever the directors deem necessary in order for my child to be safe at camp. **Parent's signature** _____ **Date:** _____