



Camper Information

First Name:		Last Name:	
Date of Birth:	Month: _____	Day: _____	Year: _____

Caregiver Information (Caregiver Completing Form)

First Name:		Last Name:	
Date:		Signature:	

Allergies Information (Food, Environment, Medication)

Allergen	Reaction	Severity (Mild/Moderate/Severe)	EpiPen? (Yes/No)	Medication (Yes/No)

*Please add EpiPen or Medication information below.

Medication Information

Medication	Dosage	Purpose	Time(s) Given	Self Administered

Additional Health Information

Please list any additional health conditions, recent injuries, dietary restrictions, or other concerns:

Asthma Information

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, M.56, R.S.O. 1990 and will be used for the sole purpose that it has been collected. Questions about this collection should be directed to: Director of Corporate Services/Clerk, Town of Bracebridge, 1000 Taylor Court, Bracebridge, ON P1L 1R6 (705) 645-6319 x. 3200.

Type of Asthma: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Exercise-Induced
Triggers: <input type="checkbox"/> Cold Air <input type="checkbox"/> Physical Activity <input type="checkbox"/> Allergens (Dust, Pollen, etc.) <input type="checkbox"/> Illness <input type="checkbox"/> Other:
Daily Asthma Medications: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the camper understand when and how to use their inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No
Inhaler Information: <input type="checkbox"/> The camper does not have a rescue inhaler. <input type="checkbox"/> The camper carries their own rescue inhaler. <input type="checkbox"/> Staff are required to carry the rescue inhaler for the camper.
Signs of an Asthma attack or other notes:

Seizure Information

Type of Seizure:
Date of Last Seizure:
Signs/Triggers:
Typical Duration:
Recovery Afterwards:
Specific Care Instructions During a Seizure:
After a Seizure:
Notes:

Personal Support and Classroom Information

<p>Does the camper have a diagnosed behavioural, emotional, or developmental condition that you would like to share (i.e., ADHD, ASD, anxiety, etc.), or does the camper require extra support?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;"><small>*Note: If 'Yes' is selected, please continue to Behavioural Support on page 4.</small></p> <p>Notes:</p>
<p>Does your child have an Individualized Education Plan (IEP) or require accommodations?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>
<p>Is there a school Safety Plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes:</p>
<p>School Setting:</p> <p><input type="checkbox"/> Mainstream classroom with no support</p> <p><input type="checkbox"/> Mainstream classroom with indirect support</p> <p><input type="checkbox"/> Mainstream classroom with additional support (i.e., CYW or EA)</p> <p><input type="checkbox"/> Partially integrated (Community Class or Student Support Services)</p> <p><input type="checkbox"/> Fully self-contained with special education class</p>

Personal Characteristics and Goals

<p>What are some of the campers' interests, likes and positive reinforcers?</p>
<p>What are some of the campers' dislikes?</p>
<p>What are the goals and objectives that you hope to achieve through participating in camp?</p>
<p>Notes:</p>

Behavioural and Organizational Support

Swimming comfort level and ability:

- | | |
|--|---|
| <input type="checkbox"/> Comfortable in water | <input type="checkbox"/> Does not require PFD |
| <input type="checkbox"/> Dislikes or is nervous in water | <input type="checkbox"/> Requires PFD in deep water |
| <input type="checkbox"/> Uncomfortable in water | <input type="checkbox"/> Requires PFD at all times |

Campers require support while swimming:

- | | |
|--|--|
| <input type="checkbox"/> Indoors at all times | <input type="checkbox"/> with transitions |
| <input type="checkbox"/> Outdoors at all times | <input type="checkbox"/> with environment (ie, noise or sensory) |

*Please Note: All campers are evaluated for swimming ability by our qualified staff.

Swimming Notes:

During what specific times is support required?

- | | |
|---|---|
| <input type="checkbox"/> Camper Drop Off | <input type="checkbox"/> Feeding and eating |
| <input type="checkbox"/> Group Activities | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Active/Movement Activities | <input type="checkbox"/> Changing |
| <input type="checkbox"/> Individual Learning/Tactile Activities | |
| <input type="checkbox"/> Activity Transitions | |

*If selected, please continue to the General Assistance and Personal Care section on page 6.

Things that will upset the camper:

- | | |
|---|---|
| <input type="checkbox"/> Loud noises | <input type="checkbox"/> Whistles |
| <input type="checkbox"/> Crowds | <input type="checkbox"/> Clapping |
| <input type="checkbox"/> Holding hands | <input type="checkbox"/> Screaming |
| <input type="checkbox"/> Humming sounds | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Bright lights | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Odours | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Personal space | |

Things that will calm the camper:

- | | |
|---|--|
| <input type="checkbox"/> Music | <input type="checkbox"/> Deep pressure |
| <input type="checkbox"/> Weighted objects | <input type="checkbox"/> Rocking |
| <input type="checkbox"/> Fidget toys | <input type="checkbox"/> Physical comfort (i.e., hand on shoulder, side hug, holding hand) |
| <input type="checkbox"/> Small and quiet spaces | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Calm conversation | |
| <input type="checkbox"/> Movement | |

Types of behaviour the campers may exhibit:

- | | |
|--|---|
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Temper tantrums |
| <input type="checkbox"/> Non-compliant | <input type="checkbox"/> Profane language |
| <input type="checkbox"/> Self-stimulation (Stimming) | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Attention seeking | |

Has the camper ever been physically aggressive towards others - hitting, biting, scratching, hair pulling, kicking, head butting, etc.?

<input type="checkbox"/> No – Has not been physical towards others <input type="checkbox"/> Yes – In response to situations or in defence <input type="checkbox"/> Yes – A common reaction when upset, responds to redirection, and may require cool-down time <input type="checkbox"/> Yes – Frequently aggressive and will need to be physically redirected		
Does the camper engage in self-harming or injury? <input type="checkbox"/> No – Has not been physical towards themselves <input type="checkbox"/> Yes – In response to situations or in defence, and responds to redirection <input type="checkbox"/> Yes – A common reaction when upset, responds to redirection and may require cool-down time <input type="checkbox"/> Yes – Frequently aggressive towards self and will need to be physically redirected		
The camper communicates in the following way(s): (Please check all that apply) <input type="checkbox"/> Talking <input type="checkbox"/> Gestures <input type="checkbox"/> Sign language <input type="checkbox"/> Pointing <input type="checkbox"/> Picture symbols (PECS) <input type="checkbox"/> iPad (Proloquo2Go)		
The camper will understand you better if you: (Please check all that apply) <input type="checkbox"/> Get their attention <input type="checkbox"/> Use gestures <input type="checkbox"/> Have eye contact <input type="checkbox"/> Repeat instructions and directions <input type="checkbox"/> Speak slowly and clearly <input type="checkbox"/> Use visuals <input type="checkbox"/> Simple instructions (1-2 steps) <input type="checkbox"/> First, then language/board <input type="checkbox"/> Other:		
Please expand on any behaviours selected above:		
A – Antecedent (Trigger, Prior to Event)	B – Behaviour (Result, What Occurs)	C – Consequence (Staff Response/Expectation, Follow Up)
Other Notes:		

General Assistance and Personal Care

<p>Feeding and eating:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent <input type="checkbox"/> Requires prompting <input type="checkbox"/> Requires minimal assistance <input type="checkbox"/> Requires full assistance 	<p>Choking risk:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <p>Supervision Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Toileting:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent <input type="checkbox"/> Requires prompting <input type="checkbox"/> Requires assistance <input type="checkbox"/> Diapers <p>What assistance, if any, is required?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No assistance at all <input type="checkbox"/> Accompanied to the bathroom <input type="checkbox"/> Prompting <input type="checkbox"/> Change diaper <input type="checkbox"/> Place on the toilet <input type="checkbox"/> Assist with wiping <input type="checkbox"/> Assist with washing and drying hands <input type="checkbox"/> Use of a schedule board to assist 	<p>Changing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent <input type="checkbox"/> Requires prompting <input type="checkbox"/> Requires assistance <input type="checkbox"/> Not independent <p>What assistance, if any, is required?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No assistance at all <input type="checkbox"/> Accompanied to the change room <input type="checkbox"/> Prompting <input type="checkbox"/> Assist with buttons, zippers, and laces <input type="checkbox"/> Assist with changing (pants up, pants down, etc.) <input type="checkbox"/> Full assistance with changing (not independent)
<p>Physical mobility:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not applicable <input type="checkbox"/> Splints <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Ankle Foot Orthosis (AFO's) <p>What assistance, if any, is required?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No assistance at all <input type="checkbox"/> Lifting/transfers 	<p>Please indicate any mobility aids/assistive devices this Camper uses:</p>
<p>Notes:</p>	