



**TOWN OF BRACEBRIDGE**  
**Recreation Department**  
Summer Camp - 2025 Season  
Camper Medical & Behavioural Form

### Camper Information

<b>First Name:</b>		<b>Last Name:</b>	
<b>Date of Birth:</b>	Month:	Day:	Year:

### Guardian Completing Form

<b>First Name:</b>		<b>Last Name:</b>	
<b>Date:</b>		<b>Signature:</b>	

### Allergies (Food, Environment, Medication)

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

\*Please add EpiPen or Medication information below.

### Medications

Medication	Dosage	Purpose	Time(s) given	Self-administer? (Yes/No)

### Additional Health Information

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



**TOWN OF BRACEBRIDGE**  
**Recreation Department**  
Summer Camp - 2025 Season  
Camper Medical & Behavioural Form

### Asthma

Type of Asthma: ☐ Mild ☐ Moderate ☐ Severe ☐ Exercise-Induced

Triggers: ☐ Cold Air ☐ Physical Activity ☐ Allergens (dust, pollen, etc.) ☐ Illness  
☐ Other:

Daily Asthma medications: ☐ Yes ☐ No

Inhaler:

- ☐ The Camper does not have a Rescue Inhaler.
- ☐ The Camper carries their own Rescue Inhaler.
- ☐ Staff should carry the Rescue Inhaler for the Camper.

Does the Camper understand when and how to use their inhaler? ☐ Yes ☐ No

Signs of an Asthma attack or other notes:

### Seizures

Type of seizure:

Date of last seizure:

Signs/triggers:

Typical duration:

Recovery afterwards:

Specific care instructions

During a seizure:

Follow up after a seizure:

Notes:



### Behavioural Information

Does your child have a diagnosed behavioral, emotional, or developmental condition we should be aware of (i.e.: ADHD, ASD, anxiety, etc.)? ☐ Yes ☐ No

Notes:

Does your child have an Individualized Education Plan (IEP) or require accommodations?

☐ Yes ☐ No

Notes:

Notes:

### Communication

Is there a Safety Plan at school? ☐ Yes ☐ No

Notes:

School Setting:

- ☐ Mainstream classroom with indirect support
- ☐ Mainstream classroom with additional support (i.e.: CYW or EA)
- ☐ Partially Integrated (Community Class or Student Support Services)
- ☐ Fully Self-Contained with Special Education Class
- ☐ Camper does not attend school

### Organizational Support

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 | <input type="checkbox"/> iPad     |

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 slow and clear            | <input type="checkbox"/> Use visuals                        |
| <input type="checkbox"/> Simple instructions (1-2 steps) | <input type="checkbox"/> First then language/board          |
| <input type="checkbox"/> Other:                          |   |



General Assistance	
<b>Toileting:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Requires prompting <input type="checkbox"/> Requires assistance <input type="checkbox"/> Diapers	<b>Changing:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Requires prompting <input type="checkbox"/> Requires assistance <input type="checkbox"/> Not independent
<b>What assistance, if any, is required?</b> <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	<b>What assistance, if any, is required?</b> <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)
<b>Feeding and eating:</b> <input type="checkbox"/> Independent <input type="checkbox"/> Requires prompting <input type="checkbox"/> Requires minimal assistance <input type="checkbox"/> Requires full assistance	<b>Choking risk:</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <b>Supervision Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Physical mobility:</b> <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) <b>Please indicate any mobility aids/assistive devices this camper uses:</b> <div style="height: 40px; border: 1px solid black; margin-top: 5px;"></div>	
<b>Notes:</b> <div style="height: 150px; border: 1px solid black; margin-top: 5px;"></div>	



Behaviour			
Things that will upset the Camper: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Loud Noises  <input type="checkbox"/> Crowds  <input type="checkbox"/> Holding hands  <input type="checkbox"/> Humming sounds  <input type="checkbox"/> Bright lights  <input type="checkbox"/> Odours  <input type="checkbox"/> Personal space               </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Whistles  <input type="checkbox"/> Clapping  <input type="checkbox"/> Screaming  <input type="checkbox"/> Singing  <input type="checkbox"/> Crying  <input type="checkbox"/> Not Applicable               </td> </tr> </table>		<input type="checkbox"/> Loud Noises <input type="checkbox"/> Crowds <input type="checkbox"/> Holding hands <input type="checkbox"/> Humming sounds <input type="checkbox"/> Bright lights <input type="checkbox"/> Odours <input type="checkbox"/> Personal space	<input type="checkbox"/> Whistles <input type="checkbox"/> Clapping <input type="checkbox"/> Screaming <input type="checkbox"/> Singing <input type="checkbox"/> Crying <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Loud Noises <input type="checkbox"/> Crowds <input type="checkbox"/> Holding hands <input type="checkbox"/> Humming sounds <input type="checkbox"/> Bright lights <input type="checkbox"/> Odours <input type="checkbox"/> Personal space	<input type="checkbox"/> Whistles <input type="checkbox"/> Clapping <input type="checkbox"/> Screaming <input type="checkbox"/> Singing <input type="checkbox"/> Crying <input type="checkbox"/> Not Applicable		
Things that will calm the Camper: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Music  <input type="checkbox"/> Weighted objects  <input type="checkbox"/> Fidget toys  <input type="checkbox"/> Small &amp; quiet spaces  <input type="checkbox"/> Movement               </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Deep pressure  <input type="checkbox"/> Rocking  <input type="checkbox"/> Physical comfort (i.e.: hand on shoulder, side hug, holding hand)  <input type="checkbox"/> Not applicable               </td> </tr> </table>		<input type="checkbox"/> Music <input type="checkbox"/> Weighted objects <input type="checkbox"/> Fidget toys <input type="checkbox"/> Small & quiet spaces <input type="checkbox"/> Movement	<input type="checkbox"/> Deep pressure <input type="checkbox"/> Rocking <input type="checkbox"/> Physical comfort (i.e.: hand on shoulder, side hug, holding hand) <input type="checkbox"/> Not applicable
<input type="checkbox"/> Music <input type="checkbox"/> Weighted objects <input type="checkbox"/> Fidget toys <input type="checkbox"/> Small & quiet spaces <input type="checkbox"/> Movement	<input type="checkbox"/> Deep pressure <input type="checkbox"/> Rocking <input type="checkbox"/> Physical comfort (i.e.: hand on shoulder, side hug, holding hand) <input type="checkbox"/> Not applicable		
Types of behaviour the Campers may exhibit: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hyperactive  <input type="checkbox"/> Non-Compliant  <input type="checkbox"/> Self-Stimulation (Stimming)  <input type="checkbox"/> Attention Seeking               </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Temper tantrums  <input type="checkbox"/> Profane Language  <input type="checkbox"/> Not Applicable               </td> </tr> </table>		<input type="checkbox"/> Hyperactive <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Self-Stimulation (Stimming) <input type="checkbox"/> Attention Seeking	<input type="checkbox"/> Temper tantrums <input type="checkbox"/> Profane Language <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Hyperactive <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Self-Stimulation (Stimming) <input type="checkbox"/> Attention Seeking	<input type="checkbox"/> Temper tantrums <input type="checkbox"/> Profane Language <input type="checkbox"/> Not Applicable		
Please expand on any behaviours selected above. Describe effective ways of managing inappropriate behaviour:			
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 defense <input type="checkbox"/> Yes – A common reaction when upset, responds to redirection, and may require a ‘cooling’ down period <input type="checkbox"/> Yes – Frequently aggressive and will need to be physically redirected			
Does the Camper engage in self-harming? <input type="checkbox"/> No – Has not been physical towards themselves <input type="checkbox"/> Yes – In response to situations or in defense and responds to redirection <input type="checkbox"/> Yes – A common reaction when upset, responds to redirection and may require a ‘cooling’ down period <input type="checkbox"/> Yes – Frequently aggressive towards self and will need to be physically redirected			
Notes:			



**TOWN OF BRACEBRIDGE**  
**Recreation Department**  
Summer Camp - 2025 Season  
Camper Medical & Behavioural Form