



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

Camper Information

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

Guardian Completing Form

First Name:		Last Name:	
Date:		Signature:	

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:



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



Behaviour

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 & quiet spaces | <input type="checkbox"/> Not applicable |
| <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 | |

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?

- ☐ No – Has not been physical towards others
- ☐ Yes – In response to situations or in defense
- ☐ Yes – A common reaction when upset, responds to redirection, and may require a 'cooling' down period
- ☐ Yes – Frequently aggressive and will need to be physically redirected

Does the Camper engage in self-harming?

- ☐ No – Has not been physical towards themselves
- ☐ Yes – In response to situations or in defense and responds to redirection
- ☐ Yes – A common reaction when upset, responds to redirection and may require a 'cooling' down period
- ☐ Yes – Frequently aggressive towards self and will need to be physically redirected

Notes: