



Children at Risk, Ottawa

# CAMP - FUN CLUB FULL INTAKE FORM 2018

Please complete all questions to help us get to know your camper better!

Please insert  for yes or  for No where appropriate

## Parent/Guardian Emergency Contact Information

**Contact #1: Authorized to pickup this camper? YES  NO\***

Name:		Relationship:	
Daytime Home:		Cellphone :	
Email:		Work	
Address:			

**Contact #2: Authorized to pick up this camper? YES  NO\***

\*Appropriate legal documents must accompany this form if someone is not authorized to pick up the camper.

Name:		Relationship:	
Address:			
City:		Postal Code:	
Home Phone :		Cell Phone:	

## **Others authorized to pick up this camper:**

Name:		Relationship:	
Phone number:		Day/Cell Phone:	
Name:		Relationship:	
Phone number:		Day/Cell Phone:	

## CAMPER INFORMATION

Name:		Gender:	
Date of Birth (D/M/Y):		Age:	
Height:	Approx Weight:		
Preferred Nickname for use at Camp		T shirt size:	
Food Allergies: Please state which are life threatening			
Special Diets or Food Restrictions:			
Uses Epipen Yes <input type="checkbox"/> No <input type="checkbox"/> Location kept:			
Seizures: YES <input type="checkbox"/> NO <input type="checkbox"/> - If YES A separate form will need to be completed with full details			
Does your camper wear glasses Yes <input type="checkbox"/> No <input type="checkbox"/> Give details on situations where glasses should be removed _____			

**CAMPER MEDICAL INFORMATION**

Name of Doctor:		Health Card #:
Medical Centre:		Phone #:
Campers Medical Conditions:		
Does your Camper take medications at Home: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your Camper take medications at Camp: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>A separate form will need to be completed with full details on Protocols/Dosages/Times administered</i>		
If has Allergies - What does an allergic reaction look like?		
Please give details on how to deal with this reaction? Epipen, Liquid or pill Benadryl, calamine lotion etc.		
Please give details on how a Medical condition, Injury or illness might limit your camper's physical ability or participation in the Camp's schedule of activities:		

**Does your Camper have safety sense?**

None  Limited  Good but needs reminders  Yes pays attention  Overly cautious

**In the event of a fire alarm my Camper would?**

Run  Freeze/Drop to floor/refuse to move  Follow instructions

**How is your Campers energy level?**

High - Always moving  Average  Low - likes to sit or gets tired easily

**Is your Camper a Runner ? Yes  No** 

If Yes which scenario best applies?

Wants to be chased  Runs to avoid activities/demands  Wanders if unsupervised

**How well does your Camper interact with his peers**

Interacts well  Wants to join in but doesn't know how  Happy to parallel play

Will ignore other Campers  Will only interact with adults  Prefers to be left alone

**FEARS/ANXIETIES****Does your camper have any fears or phobias to any of the following? tick all that apply**

Dogs  Cats  Other furry Creatures  - Please give details \_\_\_\_\_

Snakes  Spiders  Bees  All Bugs  - Please give details \_\_\_\_\_

Balloons filled with air  Balloons filled with Water

People with Glasses  Men with Beards  People in uniforms

**Any other fears - please give details?** \_\_\_\_\_

**EATING****Does your camper require assistance with eating? tick all that apply**

Independent  Only needs help with utensils and opening lids

Needs encouragement to Eat  Picky eater  Needs to be fed

Will steal other peoples food  Will get aggressive if food is restricted

Must be given one item at a time or will eat entire contents of lunch bag in one go

**COMMUNICATION** - insert  for yes or  for No**Your camper's communication skills would be best described as:**Good communication skills  - Chats or asks non stop questions 4-5 word sentences  2-3 word sentences  A few words NON Verbal  Do they have an assistive device?Can use PECS – Effectively  Moderately  Just getting started with them Uses Sign Language  What Level ? \_\_\_\_\_ Uses their own version **If non-verbal/limited speech -Can your camper communicate his/her wants and needs? Yes  No** 

If yes, please describe how i.e. Gestures, PECS, etc. \_\_\_\_\_

**Does your camper use any communication system and to what extent? i.e. IPADS, Sign, PECS****Even if Verbal - would your Camper benefit from a visual schedule ? Yes  No** 

Can this visual schedule be a Group schedule or does it need to be that Campers own, is text OK or does it have to also include pictures? Please give details:

**TOILETING****Does your camper require assistance when going to the bathroom?**Fully Independent  Needs Assistance  In Pull-ups / Diapers Stands to Pee  Happy to use a urinal  Sits to Pee **Needs Reminders to** - tick all that applyWash Hands  Flush Toilet  Wipe  Not use too much paper Needs assistance to undress  and dress (buttons or zips are tricky) Will Play with soap dispensers  Fixate on flushing or running taps Put inappropriate things down the toilet 

If needs assistance to wipe, please give details i.e. will they lean forward, stand up etc.

For Female Campers - Has Periods **Yes  No**  Uses Pads  Can Use Tampons **SENSORY**Does your camper put non edible items in their mouth? YES  NO 

If YES please give details: \_\_\_\_\_

What sensory activities does your Camper enjoy?: \_\_\_\_\_

What activities trigger a negative sensory feeling?: \_\_\_\_\_

Do they have any fine motor issues that would make crafts challenging for your camper? YES  NO 

If YES please give details:-

Does your camper get frustrated with complex or messy crafts? YES  NO 

If YES please give details: \_\_\_\_\_

Are there any gross or fine motor issues? Any vision challenges (peripheral, perception)?

**BEHAVIOURS - insert  for each****Does your camper:** Never Rarely Sometimes Frequently Comments (i.e. when, why)

Head Butts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pulls Hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pinch/Scratches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kicks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Runs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Screams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self Injurious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Throw Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is Destructive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Refuses to walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stubborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pulls Fire Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**What are your Campers' major triggers?**


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**Is your camper prone to emotional upsets/tantrums?** Yes  No 

Please describe what a typical meltdown looks like i.e. bad language, hitting, throwing things etc

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**What tactics should be taken to prevent behaviours or to calm if a Camper becomes upset/triggered**


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**Please indicate if there are any minor to severe self-injurious behaviour of which we should be aware of and how best to stop this:**


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**What shouldn't be said if they become upset? (or things never to mention at any time)**


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**ACTIVITIES****Does your camper follow simple directions?**Yes  No **Does he/she require prompts or gestures?**Yes  No Please Describe. \_\_\_\_\_  
\_\_\_\_\_**Does your camper transition easily from one activity to another?**Yes  No Please Describe. \_\_\_\_\_  
\_\_\_\_\_**Does your camper use a toy/item to assist with transition and/or for rewarding good behaviour?**Yes  No Please Describe. \_\_\_\_\_  
\_\_\_\_\_**Is your camper able to travel on a school bus and a public bus?**YES NO 

If NO please give reason: \_\_\_\_\_

Do they have their own OC Attendant bus pass?

YES NO *Please apply for one of these cards as this opens up the opportunity to do more off site activities with your Camper.*Please list **non**-electronic activities that your camper particularly enjoys:\_\_\_\_\_  
\_\_\_\_\_

What are your campers' favourite games, toys and TV/Movie characters they are interested in?

\_\_\_\_\_  
\_\_\_\_\_Does your camper enjoy arts & crafts and/or building? ENJOYS  TOLERATES  NO 

Do they like music?

ENJOYS  TOLERATES  NO 

What particular music do they like i.e. Hip Hop, Rock, Nursery rhymes etc.

\_\_\_\_\_

Do they like to dance?

ENJOYS  TOLERATES  NO 

Do they like Martial Arts?

ENJOYS  TOLERATES  NO 

Do they like Yoga?

ENJOYS  TOLERATES  NO 

Are there any issues with games, line-ups in terms of having to win – be first in line etc?

\_\_\_\_\_

Does your camper fixate on schedules?

YES NO 

If YES to what extent:- \_\_\_\_\_

Please detail activities that your camper finds aversive: (loud places, crowded places, movie theatres etc.)

\_\_\_\_\_

**WATER ACTIVITIES**

Does your camper like splash pads? ENJOYS  TOLERATES  DISLIKES

Does your camper like Sandy Beaches? ENJOYS  TOLERATES  DISLIKES

Is your camper comfortable in Boats? ENJOYS  TOLERATES  DISLIKES

How well can your camper swim? GOOD SWIMMER   
NEEDS A LIFE JACKET IN DEEP WATER ONLY   
ALWAYS NEEDS A LIFE JACKET   
WILL REFUSE TO GO SWIMMING

Comfortable swimming in a: - PADDLING POOL  INDOOR POOL  LAKE

How comfortable are they with water? Are they afraid, comfortable or overly excited/attracted to it?

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Do they tend to strip off if their clothes get wet? YES  NO

**ADDITIONAL INFORMATION:**

For Parent: What do you want your Camper to get from Camp sessions – what are your expectations?

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For Camper (if applicable): What would you like to do at Camp?

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Any special instructions or things you would like to add: (i.e. Certain words used: green/red choice, catch phrases, things we should know to best support your camper) Think of this as a letter passed on to your camper’s counsellor with everything you would like them to know. Feel Free to continue onto back/next page or write Counsellor a separate letter introducing your child. Please email this in prior to Camp so that the Group Leader and Counsellor has time to read it before meeting your Camper.

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