



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)

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?

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

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

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:

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

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?

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?

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

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.
