



CAMP FULL INTAKE FORM 2017

Participant's Information:

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

Please insert for yes or for No where appropriate

Name:		Gender:	
Date of Birth (D/M/Y):		Age:	
Preferred Nickname for use at Camp		T shirt size:	
Address:		Postal Code:	
Major Triggers:			
Food Allergies or Avoidances:			
Seizures: YES <input type="checkbox"/> NO <input type="checkbox"/> - Detail Frequency:			

Parent/Guardian Emergency Contact Information

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

Name:		Relationship:	
Daytime Home:		Cellphone :	
Work:		Email:	
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:	
Daytime Home		Work	
Cellphone :		Email:	
Address: (if different)			

Others authorized to pick up this camper:

Name:		Relationship:	
Phone number:		Work/Cell Phone:	
Name:		Relationship:	
Phone number:		Work/Cell Phone:	

Medical Information

Health Card Number:		Epipen?/ Location?	
Name of Doctor:		Phone number:	
Medical Conditions:			
List of Medications given At Home /Protocols/Dosages/Times administered (separate if needed).			
List of Medications given At Camp /Protocols/Dosages/Times administered (separate if needed).			
If Allergies - What does an allergic reaction look like?			
Please give details on how a Medical condition, Injury or illness might limit your camper's physical ability or participation in the Camp programs:			

ACTIVITIES

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 detail activities that your camper finds aversive: (Ex: loud places, crowded places, beach, movies, etc.)

Please list non-electronic activities that your camper particularly enjoys:

1. _____
2. _____
3. _____

What interests does your camper have, games, toys and TV/Movie characters they are interested in?

1. _____
2. _____
3. _____

Will they like playing with other Campers? ENJOYS TOLERATES NO

Do they like music? ENJOYS TOLERATES NO

Do they like to dance? ENJOYS TOLERATES NO

Do they like Martial Arts (Karate, Tae Kwon Do, Jujitsu)? ENJOYS TOLERATES NO

Do they like Yoga? ENJOYS TOLERATES NO

How high energy is your camper? i.e. gets tired very easily, normal energy level, high - always moving,

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:- _____

WATER ACTIVITIES

Does your camper like splash pads? ENJOYS TOLERATES NOT a FAN

Does your camper like sandy Beaches? ENJOYS TOLERATES NOT a FAN

Is your camper comfortable in Boats? ENJOYS TOLERATES NOT a FAN

How well can your camper swim? GOOD SWIMMER
NEEDS A LIFE JACKET IN DEEP WATER ONLY
ALWAYS NEEDS A LIFE JACKET

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

SENSORY

Does your camper enjoy arts & crafts and/or building? ENJOYS TOLERATES NO

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 have any sensory issues working with pastes, paints, glues, paper-mache? Details:-

Does your camper have any sensory activities they enjoy (Play-doh, sand, beads, glue)? Details:-

Does your camper get frustrated with complex crafts? YES NO

If YES please give details: _____

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

Does your camper have any other sensory issues we should know about such as eating puzzle pieces etc.?

FEARS/ANXIETIES

Do they have any fears of uniforms or a reaction towards police, police cars, and emergency vehicles?

In the event of a fire alarm or police siren, would they run or freeze/drop to the floor or be able to follow instruction?

Do they have a fear of any particular animals? _____

Do they fear men, men with facial hair, glasses, etc. ? – Give details...

Do they have a fear of balloons – either air or water-filled ?

Do they have any other fears/anxieties we should know about?

COMMUNICATION

Your camper's communication skills would be best described as:

1. Good communication skills
2. 4-5 word sentences
3. 2-3 word sentences
4. A few words
5. Non-Verbal -
6. Uses PECS – Effectively Moderately Just getting started with them
7. Sign Language What level? _____ Their own version

- Do they have an assistive device? _____

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

Does your camper follow simple directions?

Yes No

Please Describe. _____

Does he/she require prompts or gestures?

Yes No

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. _____

BEHAVIOURS

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"/>	_____

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

How can we calm your Camper should they get upset? (TV Character, show to mention, song to sing)

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

Does your camper pay attention to warnings of danger? Yes No

How does your camper react to unsafe situations? _____

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:

Does your camper require assistance with toileting? Yes No

If YES Please detail extent _____

Does your camper require assistance with eating? Yes No

If YES Please Describe. _____

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.
