



YMCA of Southwestern Ontario Overnight Camp Inclusion Support Form

Please complete the information requested below and attach this form to a *CQE or Camp Henry Camp Registration* form that indicates your desired camp weeks and locations.

Please check the camp(s) your camper will be attending this summer:

- Camp Henry** **Camp Queen Elizabeth**

Camper Information

| | | | |
|--|--|--|---------|
| Name: | | Birthdate (day/month/year): | Gender: |
| Parent/Guardian 1 / Primary Contact | | Parent 2/Guardian 2 / Secondary Contact | |
| Name: | | Name: | |
| Work phone: | | Work phone: | |
| Cell or Home phone: | | Cell or Home phone: | |
| Email: | | Email: | |

Language spoken at home: _____

What are your goals for your camper's camp experience?

Personal and Medical Information

Please check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Asthma or respiratory concerns | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Tourette Syndrome | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Heat conditions |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Communication disorder |
| <input type="checkbox"/> FASD | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> ADD/ADHD |
| | <input type="checkbox"/> ODD | <input type="checkbox"/> Other: _____ |

Comments:

Does your camper use any of the following? Please check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Earplugs | <input type="checkbox"/> Terra Track |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Catheter |
| <input type="checkbox"/> Jogger | <input type="checkbox"/> Shunt | <input type="checkbox"/> Epi-pen |
| <input type="checkbox"/> Adapted floatation device | <input type="checkbox"/> Glasses/contacts | <input type="checkbox"/> Orthotics |
| <input type="checkbox"/> Inhaler | <input type="checkbox"/> Tubes (in ears) | <input type="checkbox"/> Helmet for daily use |
| | <input type="checkbox"/> Feeding tube | |

Comments:

If your camper uses a wheelchair, are there any concerns you feel we should be aware of, such as recent operations, illness, skin rashes, etc.?

If your camper requires supportive lifting, please provide their weight: _____ lbs.

Does your camper wear ear plugs for water activities? If yes, which ear: _____

Please describe any pertinent medical information or present treatments you feel we should be aware of (recent medical procedures, illness, rashes, etc.)

If your camper requires medication while at camp, please complete the chart below. All medication must be provided in the original container with the child's name clearly printed on the label.

| Medication | Dosage | Administration time | Reason for taking |
|------------|--------|---------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Camper Self-Care Abilities

| Task | Independent | Needs Some Help | Dependent on Staff |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Dressing/undressing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Washing hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sitting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walking up stairs of hills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Swimming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toileting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Menstrual hygiene (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating and Drinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is your camper toilet trained? Yes No

Does your campers wear diapers
or other personal care items? Yes No

Describe the support your camper needs in toileting/changing:

Describe the guidance/assistance your camper needs at mealtimes, including any special dietary needs:

Communication

How does your camper communicate? Please select all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Speech | <input type="checkbox"/> PIC-SYM |
| <input type="checkbox"/> Sign language | <input type="checkbox"/> Leading/pointing |
| <input type="checkbox"/> Isolated sounds | <input type="checkbox"/> Picture/photo book |
| <input type="checkbox"/> Gestures | <input type="checkbox"/> Picture Exchange Program (PECS) |

Other: _____

Is your camper capable of:

| | | |
|--|------------------------------|-----------------------------|
| Responding appropriately to supervision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Being responsible for their own belongings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Working with a group of peers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Communicating in sentences | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Communicating with gestures or sounds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Carrying out tasks when shown how | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eating socially in a group setting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Following simple instructions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide any additional information to help us communicate with your camper:

Camp Life

Please highlight you camper's strengths and abilities:

My camper likes: _____

My camper dislikes: _____

Please describe the areas in which your camper requires the most support and assistance:

Does your camper experience any difficulty in social settings? Yes No

If so, when does it occur and how do you recommend we respond?

Does your camper experience behavioral difficulties? Please list potential challenges for your camper at camp (ie. wandering, water, fears, etc) and how do you recommend we respond?

What, if anything, triggers these behaviors?

Are there any activities your camper cannot participate in?

Complete the following if your camper is taking the bus to camp:

| | | |
|---|------------------------------|-----------------------------|
| Can your child sit independently? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child take Para-Transit transportation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child require assistance or restraints (belt, harness, adapted seat)? If Yes, please explain: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COVID-19 Safety Protocols

Please provide us with some details about how your child has adjusted to COVID-19 protocols.

What sort of safety protocols has your child become familiar with following during COVID-19?

Does your camper have any anxiety specifically about COVID-19 or safety protocols? Yes No

Comments: _____

Does your camper have any difficulty with wearing a mask? Yes No

Comments: _____

Does your camper have any difficulty with staff wearing personal protective equipment (gloves, masks, shield) around them? Yes No

Comments: _____

Is your camper able to understand social distancing and maintain 6 feet of distance from others?

Yes No

Comments: _____

Do you have any concerns about pick up/drop off procedures? Yes No

Comments: _____

Has your child experienced any disruption in their regular support systems outside of camp that we should be aware of? Yes No

Additional Comments:

Any additional information we should know related to your camper and COVID-19?

Additional Supportive Information

What level of support does your camper receive at school or daycare?

May we contact the school for additional supportive information? Yes No
School/Daycare name: _____ Phone # _____

Does your camper receive support from a clinician/therapist/other medical professional? Yes No
May we contact them for additional supportive information? Yes No
Support name: _____ Phone # _____

Is your child participating in other camp programs this summer? Yes No
May we contact them for additional supportive information? Yes No
Camp Name: _____ Phone # _____

Additional Comments:

Please describe any additional information that would be helpful for us to know about your camper and/or additional information to make your camper's camp experience a success.

I have reviewed this form and completed it to the best of my knowledge and beliefs.

Guardian Print Name Guardian Signature Date Completed

Please note: This form is not a registration form. You must include this form with the Camp Registration form for your desired camp.