



Camper Consideration

Child's Information

Child's Name: _____
Date of Birth (yyyy/mm/dd): _____

Strengths and Needs

- Please check all that are applicable for your child :

- Cerebral palsy
- Spina bifida
- Communication disorder
- Hearing impairment
- Visual impairment
- Tourette syndrome

- Developmental disability
- Down syndrome
- Autism
- ADD
- ADHD
- Asperger syndrome
- Other _____

- Describe your child's strengths and interests

- Does your child take any medication(s)? **Yes or No**
- If yes, what medication(s) and when/how are they administered?

- Are there any side effects to the medication that could influence your child's experience at camp (i.e., energy levels, appetite, attentiveness, etc.)? **Yes or No**
- If yes, please describe the side effects _____

- Does your child have any allergies or food sensitivities? **Yes or No**
- If yes, please list all allergies and sensitivities

- Please describe the reaction and management to the above listed allergies and/or sensitivities (i.e. Epi Pen, hives, vomiting, etc.)

Please see back of page

Daily Activities

- Does your child need assistance in the change room? **Yes or No**
- Does your child need toileting assistance? **Yes or No**
- Does your child need meal time assistance? **Yes or No**
- Please list any other areas your child may need assistance with? _____

Communication and Interpersonal Development

- List potential behavioral considerations or other challenges your child may have at camp (e.g. fears, wandering, temper tantrums, physical or verbal altercations, triggers, etc.)

- Please describe any strategies that help your child feel calm and relaxed in a stressful or uncomfortable situation

- Does your child experience social difficulties (e.g. anxiety in large crowds, difficulties developing relationships with peers, etc.) **Yes or No**
- If yes, please describe these difficulties

- Describe the area(s) in which your child requires the most support or assistance

ADDITIONAL COMMENTS

- Please list any goals you have for your child's development this coming summer (behavioural, physical, social, etc.):

- Please include any additional information we should be aware of to ensure your child's safety and success at camp

Please drop this form off at the front desk, or email it as an attachment to info@stalbansclub.ca

We look forward to working together to ensure your child has a fun and safe camp experience this summer!