



# A Residential Care Agency

**"Committed to changing the world...  
one life at a time."**

## Sonshine Cove Camper Information Sheet

**PLEASE CIRCLE CAMP PERIOD DESIRED:**

- Camp #1: July 1st to 5th, 2019 (Monday to Friday)
- Camp #2: July 8th to 12th, 2019 (Monday to Friday)
- Camp #3: July 15th to 19th, 2019 (Monday to Friday)
- Camp #4: July 22nd to 26th, 2019 (Monday to Friday)
- Camp #5: July 29th to August 2nd, 2019 (Monday to Friday)
- Camp #6: August 6th to 10th, 2019 (Tuesday to Saturday)
- Camp #7: August 12th to 16th, 2019 (Males only)(Monday to Friday)
- Camp #8: August 19th to 23rd, 2019 (Females only) (Monday to Friday)

<b>NAME OF CAMPER</b> _____			
<b>DATE OF BIRTH</b> _____			
<b>Male/Female</b> _____			
<b>ADDRESS</b> _____			
<b>TELEPHONE</b> _____			
<b>EMAIL ADDRESS</b> _____			
Parent 1 / Primary Contact:	Name	Cell or Home phone	Email
Parent 2 / Secondary Contact	Name	Cell or Home phone	Email
<b>LEGAL GUARDIAN</b> _____			
<b>OHIP #</b> _____			

**ONLY IF APPLICABLE TO YOUR CAMPER**

**SONSHINE WORKER** \_\_\_\_\_

**REFERRING AGENCY AND/OR SOCIAL WORKER** \_\_\_\_\_

(i.e. C.A.S., Service Coordination )

Please check all that apply:

- Developmental disability
- Cerebral Palsy
- Diabetes
- Down syndrome
- Spina Bifida
- Pervasive Developmental Disorder
- Asthma or respiratory concerns
- Communication Disorder
- Seizure disorder
- Autism Spectrum Disorder
- Hearing impairment
- Heart conditions
- Visual impairment
- ODD
- ADD/ADHD
- Tourette's syndrome
- Other

**Medical Information:**

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

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

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 child wear ear plugs for water activities?  No  Right ear  Left ear  Both

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

\_\_\_\_\_

\_\_\_\_\_

**Transportation:**

**Can your camper sit independently?  Yes  No**

**Does your camper require assistance or restraints (belt, harness, adapted seat) o Yes o No**

**If YES, please explain**

**Does your camper take Para-Transpo transportation o Yes o No**



# A Residential Care Agency

**"Committed to changing the world...  
one life at a time."**

**Communication: How does your camper communicate?**

**Please select all that apply**

- Functional speech
- Gestures
- Leading/pointing
- Sign language
- PIC-SYM
- Picture Exchange Program (PECS)
- Isolated sounds
- Picture/photo book
- Other

**Is your camper capable of:**

**Responding appropriately to supervision  Yes  No**

**Being responsible for their own belongings  Yes  No**

**Working with a group of peers  Yes  No**

**Communicating in sentences  Yes  No**

**Communicating with gestures or sounds  Yes  No**

**Carrying out tasks when shown how  Yes  No**

**Eating socially in a group  Yes  No**

**Following simple instructions  Yes  No**

**Does this camper require any specialized equipment i.e. Hoyer Lift, commode, roll-in shower etc.**

---

---

---

**Allergies:** \_\_\_\_\_

**Does your child experience any difficulty in social settings?  Yes  No**

**When does it occur and how do you recommend we respond?** \_\_\_\_\_

---

---

---

---

**Please list potential problems for your child at camp (i.e. wandering, water, fears, etc.) and how do you recommend we respond?**

---

---

---

---

---

**Does your camper experience behavioural/social difficulties (i.e. physical aggression, tantrums, running off)?**  Yes  No  
**When does it occur and how do you recommend we respond?** \_\_\_\_\_

---

---

---

---

---

**Does your camper have issues around bedtime routines and/or sleeping through the night or sleep walking/wandering?** \_\_\_\_\_

---

---

**What, if anything triggers these behaviours?** \_\_\_\_\_

---

---

---

---

**Favourite Activities**

**Least Favourite Activities**

---

---

---

**Please list any activities your child cannot participate in due to medical reasons:** \_\_\_\_\_

---

---

<b>Camper Self-Care Abilities:</b>			
<b>Task</b>	<b>Independent</b>	<b>Needs some help</b>	<b>Dependent on Staff</b>
<b>Dressing/Undressing</b>			
<b>Washing Hands</b>			
<b>Sitting</b>			
<b>Walking upstairs or Hills</b>			
<b>Swimming</b>			
<b>Toileting</b>			
<b>Menstral Hygiene</b>			

**Please List all Medications, including dosage and frequency:(Please enclose all medication bottles with original prescription labels in a sealed baggie with the camper's name and medication sign off sheets (if available))**

**Medication Dosage Administration time Reason for taking**

<b>Medication</b>	<b>Dosage</b>	<b>Administration</b>	<b>Time</b>	<b>Reason for Taking</b>

**Is your camper toilet trained? o Yes oNo**  
**Does your camper wear diapers or other personal care items o Yes o No**  
**Describe the support your child needs in toileting/changing**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe the guidance/assistance your child needs at meal times:**

\_\_\_\_\_

\_\_\_\_\_

**Please list any special dietary needs, restrictions or food allergies**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Supportive Information;**

**What level of support does your camper receive at school or day program?** \_\_\_\_\_

**Please include any information, which would be helpful to the camp staff in insuring a positive camp experience for your camper.**

---

---

---

---

---

---

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

**Parent/Guardian Print**

**Name Signature**

**Date Completed**

**SEE YOU AT SONSHINE COVE!**