



## Sonshine Cove Camper Information Sheet

### PLEASE CIRCLE CAMP PERIOD DESIRED:

- September 20-22, 2019
- October 18-20, 2019
- November 15-17, 2019
- December 13-15, 2019
- January 17-19, 2020
- February 14-16, 2020
- March 16-20, 2020(March Break)
- April 17-19, 2020
- May 15-17, 2020
- June 12-14, 2020

<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)  Yes  No**

**If YES, please explain**

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

**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.**

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

**Does your child experience any difficulty in social settings?  Yes  No**  
**When does it occur and how do you recommend we respond?** \_\_\_\_\_

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

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**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?** \_\_\_\_\_

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

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

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**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**