

Disability & Behavioral Information

Can the camper maintain their behavior and have their needs met in a 3 : 1 camper : staff ratio? Yes No

Disability (please check all that apply):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Metabolic Disorder | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Prader Willi Syndrome | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Other (Please List) | | |

ALL Campers MUST complete the entire application – please use as much detail as possible so we can best assist campers while they are at camp – we use all the information you provide!

Behavioral: Please help us in making this camp experience enjoyable by indicating which of the following behaviors may pertain to the camper:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Spitting | <input type="checkbox"/> Biting | <input type="checkbox"/> Property Destruction |
| <input type="checkbox"/> Elopement: | <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Not Following Directions |
| <input type="checkbox"/> Running Far Away | (kicking/hitting/punching) | <input type="checkbox"/> Sexual Acting Out | <input type="checkbox"/> Yelling |
| <input type="checkbox"/> Leaving the Area | | | |
| <input type="checkbox"/> Other | | | |

Please describe in detail when these behaviors typically occur, what they look like, how long they last, and what you typically do to calm the situation:

Please describe any behavior triggers (e.g. loud noises, being touched):

What additional information pertaining to disability, severity or behavioral challenges should camp staff be aware of?

Functioning and Communication

Communication & Social Skills:

Can camper communicate wants and needs effectively to others? Yes No

How does camper communicate? (Please check all that apply):

- | | | | |
|-----------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Verbally | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Electronic Device | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Other | | | |

How does camper adjust to new situations/new people?

Does camper have any routines that are significant for camp staff to be aware of? If yes, please explain: Yes No

Is this the campers first time being away from home? Yes No

Are transitions (moving from one activity/place to another) a challenge for camper? Yes No

If yes, please explain and include details on strategies that are successful:

Transferring:

Does camper need assistance with transfers? Yes No

Please check if camper requires any of the following transferring techniques:

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 2-person Lift | <input type="checkbox"/> Hoyer Lift | <input type="checkbox"/> Stand Pivot |
|--|-------------------------------------|--------------------------------------|

Eating:

Does camper require special feeding (i.e. G-tube) Yes No

Please Explain _____

Can camper feed themselves? Yes No

Does camper require assistance eating (i.e. using special utensils, dicing or pureeing food, etc)? Yes No

Please Explain _____

Camper's appetite is: Good Average Poor

How many glasses of water does the camper typically drink per day?

Special dietary needs are (Please be specific):

Food Allergies/Restrictions:

Toileting:

Does camper utilize any of the following equipment? (Please check all that apply) Yes No

Shower Chair Indwelling Catheter Intermittent Catheter

Does camper have bladder control? Yes No

Does camper have bowel control? Yes No

Does camper suffer from constipation? If so, please describe preventative or methods for relieving: Yes No

Does camper need reminders/prompting? Yes No

Does camper use diapers? Yes No

Does camper need assistance during toileting? If so, please explain type of assistance needed: Yes No

Hygiene:

Wash and Dry Hands Independent Needs Help
Explain: _____

Brush Teeth Independent Needs Help
Explain: _____

Dressing Independent Needs Help
Explain: _____

Shower/Wash hair Independent Needs Help
Explain: _____

Shaving Independent Needs Help
Explain: _____

Menstruation Independent Needs Help
Explain: _____

Sleeping:

Does camper sleep through the night (6-8 hours)? Yes No

Does camper require turning throughout the night? Yes No

If Yes, How often? _____

Does camper require bed rails? Yes No

Does camper wet bed? Yes No

Fears:

Dark Insects Noises New Surroundings

Crowds Clowns Animals Heights

Other

Is there any information regarding things camper does not like that would be helpful for camp staff to know Yes No
(e.g. physical touch, activities, foods)

If yes, please explain:

Special Equipment & Mobility

Camper is: Ambulatory/Can walk independently Semi-Ambulatory/Can walk with assistance Non-Ambulatory

Adaptive Equipment: Please check all special equipment that the camper will use and will be brought to camp:

- Glasses Hearing Aids Dental Retainers/Devices Adaptive Utensils
 Walker/Cane Crutches Orthotic Leg Braces Prosthesis
 Wheelchair (Electric / Manual/ Stroller) Other

Special Instruction: _____

Please describe camper's ability to operate wheelchair (if applicable): _____

Please include details regarding independence to be able to use chair and controls: _____

Recreation & Activities – All campers MUST complete this section – Initial EACH Section

Please list the activities (sports, hobbies, etc.) the camper currently participates in:

Does the camper have any adaptive equipment to assist with participation in activities? If yes, please explain: Yes No

Does the camper have any limitations to being outside in the sun/heat for approximately 45 minutes at a time? Yes No
If yes, please explain: _____

Swimming: Please check all that apply regarding camper's swimming ability. Camper may participate _____ (initial)

- Swims well without assistance Swims with assistance Non-swimmer
 Other information pertaining to swimming/pool: _____

Nature/Farm: Camper may participate _____ (initial)

Does the camper have any allergies to animals? If yes, please explain: Yes No

Does the camper have any fear of animals? If yes, please explain: Yes No

Sports & Games (including target range): Camper may participate _____ (initial)

What sports has the camper participated in previously?

Does the camper participate well in group activities? If no, please explain: Yes No

Challenge/Ropes Course: Camper may participate _____ (initial)

Has the camper ever done a challenge course/zip line before? Yes No

Is the camper afraid of heights? Yes No

Arts & Crafts: Camper may participate _____ (initial)

What types of crafts or art (drawing, painting, making beaded necklaces, etc.) does the camper enjoy?

Are there any behaviors or limitation that would prevent the camper from participating in arts & crafts? Yes No

If yes, please explain: _____

Please list any additional likes or dislikes pertaining to the recreation of the camper: _____

Medical Data (this section does NOT need to be completed by physician)

This section MUST be completed each year even if the camper attended previous summers.

General Health: Does camper have any of the following:

- Asthma
- Heart Problems
- Other: _____
- Seizures
- Bleeding/Clotting disorders
- Frequent Ear infections
- ADHD
- Diabetes
- Circulatory problems

List Any Recent Operations, Serious Injuries or Recurring Illnesses: _____

Has Camper Been Hospitalized Within the Last 12 Months? Yes No

If Yes, Please Explain: _____

Has Camper Been Treated In An Emergency Room Within The Last 12 Months? Yes No

If Yes, Please Explain: _____

Allergies:

- Food: _____
- Plants: _____
- Other: _____
- Insects: _____
- Medicines: _____

Seizures: Does camper have seizures/seizure disorder? Yes No

Type of seizures

- Grand Mal
- Absence (loss of consciousness)
- Myoclonic/Clonic (jerking)
- Tonic (muscle stiffness/rigidity)
- Atonic [loss of muscle tone]
- Other (describe) _____

Frequency of seizures: _____

Duration of seizures: _____

Date of last seizure: _____

Are seizures controlled with medication? Yes No

When to Notify Emergency Contact? Every Time Over 5 Minutes Other _____

Please describe what camper's seizure looks like (include behavior before, during and after event):

Medications:

NO medications (prescription or over-the-counter), supplements, or vitamins will be given without a doctor's order. Please make sure the medication list is complete on the Medical Information Form.

Instructions on packaging medication for camp will be sent with the acceptance packet – medication is ONLY dispensed at camp the way it is written on the prescription bottle.

Are there any special techniques used or information that may be helpful to camp staff regarding administering of medications to camper? Yes No If yes, please explain:

Any change in campers' medications in the last 90 Days? Yes No If Yes, Please explain:

Please Describe Any Additional Medical or Behavioral Concerns:

Acknowledgement and Attestation

Camper's Name: _____

This application is complete and accurate to my knowledge. I understand information provided will be used to make a decision on acceptance into the camping program. Omitting information or providing inaccurate information may result in the camper being removed from the camping program. Fees paid are non-refundable. The camper may be prohibited from participation in future camping programs with Easter Seals Florida, Inc.

Application Completed By: _____ Date: _____
Print *Signature*

Relationship to Camper: _____ Phone #: () _____