



CAMPER REGISTRATION FORM

Individual's Name: _____

Date of Birth (dd/mm/yyyy): _____ Age: _____

Address: _____

Home Phone Number: _____

Parents/Guardians Names: _____

Work Phone Number: _____ Cell Phone Number: _____

Address (if different from the applicant): _____

Individual lives with:

- Mother Father Legal Guardian
 Group Home Independently Other, please specify: _____

Emergency Contact (other than parent/guardian)

Names: _____

Work Phone Number: _____ Cell Phone Number: _____

Address (if different from the applicant): _____

Name 2 people who authorized to remove the participant from the program:

1. _____
Name Relationship to participant

2. _____
Name Relationship to participant

Is there anyone who is not allowed to remove the participant from the program?

1. _____
Name Relationship to participant

2. _____
Name Relationship to participant

List all medical illnesses, information and conditions:

List all current medications:

| Medications | Dosage | Time(s) | Reason for Taking |
|-------------|--------|---------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Does the applicant willingly take the required medication as prescribed:

Yes

No, please describe: _____

Family Physician Name: _____

Address: _____

Phone Number: ____

OHIP Card: _____

Does the applicant have any allergies? _____

Does the applicant carry an epi-pen? _____

Are there any dietary restrictions? Please describe. _____

Please indicate if the applicant uses any of the following and when they need to use the device:

| Device used: | When to use: |
|---|--------------|
| <input type="checkbox"/> wheelchair | |
| <input type="checkbox"/> walker | |
| <input type="checkbox"/> braces | |
| <input type="checkbox"/> AFOs | |
| <input type="checkbox"/> eating utensils | |
| <input type="checkbox"/> helmet | |
| <input type="checkbox"/> assistive technology | |
| <input type="checkbox"/> hearing aids | |
| <input type="checkbox"/> glasses | |

Does the applicant need assistance using the washroom? Yes No

Please indicate the level of support needed:

Please indicate if you have any safety concerns regarding the applicant:

- risk of choking self-injurious behavior
 tends to wander runs away from caregivers
 other, please specify: _____

How does the applicant interact with others (please check all that apply):

- prefers to play by themselves prefers to play one to one (usually an adult)
 prefers to play one to one (usually a peer) enjoys larger group activity
 able to follow simple instructions extrovert
 introvert

Please indicate which types of behaviour the applicant may present when agitated, frustrated, anxious etc.

- biting others hitting/striking others kicking
 yelling swearing throwing objects
 spitting self-injurious behavior
 other, please specify: _____

How often do these behaviors occur?

- rarely occasionally weekly
 other, please specify: _____

What are some of the behavioral triggers?

What strategies are used to help manage these behaviours?

Describe a recent incident that has occurred with the applicant and how it was managed?

How does the applicant learn/communicate?

- is able to figure out a task when told
- is able to figure out a task when shown
- understands complex instructions
- understands simple directions
- responds to visuals
- uses single words
- uses sign language

What are some of the applicant's favorite activities?

What are the applicant's least favorite activities?

What do you believe are some of the applicant's strengths and abilities?

What are some of the learning challenges the applicant has?

What was the classroom placement of the applicant during the high school education?

What is the individual's comfort level while swimming? Does the individual need a life jacket while in the pool? Does the individual need assistance while changing? If yes, to what degree?

Do you have any concerns with the applicant participating in Concord in the City programs?
