

2023 Disability Information Sheet

This form needs to be filled out for ALL campers with special needs

Please assign a buddy for my child

I will provide a buddy for my child
Buddy's Name _____

Name : _____ Age: _____ Sex: Male Female Approximate Weight: _____

Diagnosis: _____ Phone: _____

Parent Name (s): _____ Best Time to Contact: _____

As a parent/guardian that is requesting a buddy, I understand that all efforts will be made to find a buddy for my camper. If a volunteer that has the skills required to meet my child's needs cannot be found, I understand that I may be asked to stay with my child at camp or my child may be asked to discontinue the camp experience.

Parent signature: _____ Date: _____

Circle the description that best fits your child's physical abilities:

1- No physical challenges 2 -Unsteady/poor balance 3 - Uses a walker 4 -Can help w/transfers 5 -Total assistance

Physical Characteristics: Please check all that may apply at camp.

- | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Assist w/walking – | <input type="checkbox"/> Min | <input type="checkbox"/> Mod | <input type="checkbox"/> Max | <input type="checkbox"/> Assist sitting at picnic table – | <input type="checkbox"/> Min | <input type="checkbox"/> Mod | <input type="checkbox"/> Max |
| <input type="checkbox"/> Assist w/transfers – | <input type="checkbox"/> Min | <input type="checkbox"/> Mod | <input type="checkbox"/> Max | <input type="checkbox"/> Assist sitting on ground – | <input type="checkbox"/> Min | <input type="checkbox"/> Mod | <input type="checkbox"/> Max |
| <input type="checkbox"/> Assist w/Fine Motor Skills – | <input type="checkbox"/> Min | <input type="checkbox"/> Mod | <input type="checkbox"/> Max | | | | |

- Walker Stander Non-ambulatory Wheelchair/stroller/scooter AFOs/Orthotics Cane Hand Splints
 Other _____

Please describe use of all checked aides including time/situations used and expected involvement of Buddy.

Behavior Characteristics/Sensory Issues:

- | | |
|--|--|
| Difficulty following directions <input type="checkbox"/> yes <input type="checkbox"/> no | Sensitive to touch <input type="checkbox"/> yes <input type="checkbox"/> no |
| Impulsive <input type="checkbox"/> yes <input type="checkbox"/> no | Sensitive to noise <input type="checkbox"/> yes <input type="checkbox"/> no |
| Short attention span <input type="checkbox"/> yes <input type="checkbox"/> no | May become harmful to self <input type="checkbox"/> yes <input type="checkbox"/> no |
| Is able to stay with a group <input type="checkbox"/> yes <input type="checkbox"/> no | Can be violent towards others <input type="checkbox"/> yes <input type="checkbox"/> no |
| Unusual fears <input type="checkbox"/> yes <input type="checkbox"/> no of what? _____ | Other _____ |

Please describe sensory issues: _____

Please describe child's behaviors and recommended response of Buddy for all checked items above.

Rewards/incentives/strategies that may be helpful: _____

Communication: Please check all that apply at camp. How will your child communicate with his/her Buddy?

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Gestures | <input type="checkbox"/> PECS | <input type="checkbox"/> Augmentative Communication Device |
| <input type="checkbox"/> Speech Delays <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Max | <input type="checkbox"/> Non-Verbal | <input type="checkbox"/> Other: _____ |

Please describe use of all checked language supplements and/or delays as they would involve communication between your child and his/her Buddy at camp.

Child's Name _____

Dietary Considerations: Please check all that apply at camp:

- G-tube- Buddy/Nurse will feed Pureed/Soft Foods Requires Assistance Min Mod Max
- Parent will feed Uses straw for liquids Environmental considerations for feeding
- Will bring lunch from home Uses special cup/utensils Special positioning for feeding
- Nothing by mouth Thickened liquids Other

Please describe all checked dietary considerations including involvement of your child's Buddy at camp.

Please describe any food allergies: _____

Toilet Routine: Please check all that apply at camp.

- Requires assistance in toilet – Min Mod Max Diaper changes – Buddy/volunteer responsible
- Requires supervision in toilet Diaper changes – Parent responsible
- Other _____

Please describe type of assistance required from Buddy/volunteer for all checked items and the child's usual routine:

Respiratory Considerations: Please check all that apply at camp.

- Breathing difficulties Asthma meds Inhaler Tracheostomy assistance with tracheostomy
- O₂ Chronic pulmonary disease Other _____

Please describe all checked respiratory considerations including involvement with Buddy or other volunteers

Allergies: Check all those that apply. Specify allergen and describe reaction _____

- Bee Stings Animals _____ Food _____
- Latex Milk/Dairy Products _____ Medication _____
- Environmental _____

Please list any allergies that are severe or life threatening _____

Does your child have a history of seizures? Yes No _____

Medication: Will your child require a camp volunteer to administer medication while at camp? Yes No

If yes, a Medication Form will be mailed prior to camp for specific information on medications.

Other Medical Information including medications _____

Will there be any adults at camp that are familiar with your child and could be contacted should assistance be needed?

Adult's Name _____

Please read and sign the following disclaimer:

I understand that the buddy assigned will do their very best to care for and meet the individual needs of my child. Should my child's behaviors or needs become a danger to themselves or others, I will be called to pick up my child from camp immediately. Parents and camp directors will discuss the situation and make a decision regarding the child's return to camp.

Parent or Guardian's Signature _____

Date _____