



Ontario

Helping Kids with Physical Disabilities Succeed

# 2010 CAMP APPLICATION

**Session Choice:** (see enclosed *Camp Criteria & Sessions* for dates & codes)

Example: Merrywood Explorers 2 - code 

M	E	2
---	---	---

1st Choice: code 

--	--	--

 2nd Choice: code 

--	--	--

Please attach a recent photo here.

**Please use this application form for the Individual, Discovery and Out-tripping camps only.**

### FOR OFFICE USE ONLY

Date rec'd: \_\_\_\_\_

ID#: \_\_\_\_\_

Approved: \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_

### IMPORTANT REMINDERS TO FAMILIES

- Child/youth must first be registered with Easter Seals Ontario in order to attend an Easter Seals recreation program.
- Applications will be processed by the date that the completed application form with the \$100 minimum payment is received in the Provincial Office. Acceptance into the program is dependent upon meeting eligibility criteria and available space. Please print clearly when completing the application form.
- Send completed applications to the *Recreation Co-ordinator, Easter Seals Ontario, One Concorde Gate, Suite 700, Toronto, ON, M3C 3N6*. If you have any questions/concerns, please call 416-421-8377 x 325 or 1-800-668-6252 x 325.
- **PLEASE NOTE: Transportation to and from camp is the responsibility of the parent/guardian.**

### **CAMPER PROFILE: Please complete a separate application form for each child.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Disability/Diagnosis: \_\_\_\_\_

Camper's Health Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_

Date of Birth: (dd/mm/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight: \_\_\_\_kgs First time camper?  yes  no

Cabin mate request: \_\_\_\_\_

Are there any camp activities the camper must avoid? (Please specify); \_\_\_\_\_

#### **Please check (✓) all of the equipment that the camper will bring to camp:**

Electric wheelchair  Manual wheelchair – requires pushing  yes  no  Walker  Other \_\_\_\_\_

### **PARENT or GUARDIAN INFORMATION: Please attach a copy of any legal documents that relate to custody status**

Custody Status:  Mother  Father  Both  Other: \_\_\_\_\_

**Primary Contact:**  Dr.  Mr.  Mrs.  Ms.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Secondary Contact (different than the Primary Contact):**  Dr.  Mr.  Mrs.  Ms.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**MEDICAL BACKGROUND**

Number of medical visits within the last 6 months: \_\_\_\_\_

Reason: \_\_\_\_\_

**Allergies?**

no  yes Use an: Epi-Pen/Twinjet?  no  yes

Please list all allergies (*food, medication, environmental*):

**Asthma?**

no  yes Use a nebulizer (air compressor)?  yes  no

Please describe: \_\_\_\_\_

**Seizure Disorder/Epilepsy?**

no  yes Type: \_\_\_\_\_

Frequency: \_\_\_\_\_

Triggers: \_\_\_\_\_

**Shunt?**

no  yes Type: \_\_\_\_\_

Location: \_\_\_\_\_

**Is your child prone to respiratory infections?**

no  yes

Please Describe:

**Has your child had pneumonia more than once in the last two years?**

no  yes Dates: \_\_\_\_\_

**Does your child require suctioning?**

no  yes How often? \_\_\_\_\_

**Does your child use a BiPap machine at night?**

no  yes When? \_\_\_\_\_

**Does your child require oxygen?**

no  yes When? \_\_\_\_\_

*(It is the parent's/guardian's responsibility to arrange the supply of oxygen to camp prior to the start of camp)*

Flow Rate: \_\_\_\_\_

**\*Does your child require a ventilator machine?**

no  yes When? \_\_\_\_\_

**\*Does your child have a tracheostomy?**

no  yes

**\* If your child has a tracheostomy or uses a ventilator, you will need to send a PCA familiar with their care to camp**

**ACTIVITIES OF DAILY LIVING:** *Please check the appropriate section*

Assistance Required	Minimal Assistance	Moderate Assistance	Total Assistance	Describe
Dressing – Upper body				
Dressing – Lower body				
Eating				
Toileting				
Brushing teeth				
Washing hands/face				
Showering/bathing				
Transferring on/off toilet				
Transferring in/out of bathtub/shower				
Transferring in/out of bed				
Transferring in/out of wheelchair (if applicable)				

If your child requires assistance with transferring please indicate her/his preferred method:

Hoyer lift (please bring your own slings)  2 person lift  Pivot Transfer

## BLADDER & BOWEL ROUTINES

Is your child independent in toileting?  yes  no

Does your child need to be reminded?  yes  no

Does your child have bladder control:

During the day?  yes  no

During the night?  yes  no

Does your child have bowel control:

During the day?  yes  no

During the night?  yes  no

Does your child use:

- |  |  |
|--|--|
| <input type="checkbox"/> diapers/attends             | <input type="checkbox"/> catheters                       |
| <input type="checkbox"/> Mitrofanoff                 | <input type="checkbox"/> bladder irrigation/instillation |
| <input type="checkbox"/> disempactions               | <input type="checkbox"/> suppositories                   |
| <input type="checkbox"/> enemas (please circle type) | cecostomy fleet  |
| <input type="checkbox"/> colostomy                   | <input type="checkbox"/> Ileoconduit                     |
| <input type="checkbox"/> condom drainage             | <input type="checkbox"/> Other _____                     |

**Additional information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## COMMUNICATION WITH CAMP STAFF

Verbal:  yes  no

If non-verbal: Has a consistent YES/NO:  yes  no

Communication methods:  technical aids

Other: \_\_\_\_\_

Camper understands what is said to him/her:  yes  no

Able to express their needs to camp staff:  yes  no

Able to direct their own care:  yes  no

Wears:  Glasses  Hearing Aids  Contact Lenses

## DIET & EATING HABITS

Diet:  Regular  Vegetarian  Soft  
 Cut into bite size pieces  Pureed  Other

Please describe: \_\_\_\_\_

Eating Habits:  Hearty  Average  Fussy

How long does it take your child to eat?

Does your child have difficulty:

Swallowing  Chewing  Drinking  No difficulties

Does your child have a:  G-tube  J-tube

If **YES**, please complete the following:

How often: \_\_\_\_\_

Does your child eat anything by mouth?  yes  no

What? \_\_\_\_\_

Has your child had a Fundoplication?  yes  no

Special Instructions: \_\_\_\_\_

**Please keep in mind that Easter Seals Ontario camps are not staffed with registered dieticians or nutritionists trained to implement specialized diets. We will do our best to accommodate common diets, such as vegan, low fat and high fibre diets. Campers can bring food from home to supplement the camp food in order to meet their special dietary needs. Easter Seals Ontario camps offer a Peanut Aware environment. We ask that you do not bring any nut or peanut products to camp.**

## SLEEPING AT CAMP

Bedrails required?:  yes  no

Do you require turning during the night?  yes  no

How often? \_\_\_\_\_

Sleeping difficulties?  yes  no

Please describe: \_\_\_\_\_

\_\_\_\_\_

## BEHAVIOUR

Check (✓) the types of behaviour that apply to your child:

- |   |  |
|---|--|
| <input type="checkbox"/> No unusual behaviour | <input type="checkbox"/> Physically aggressive towards others (hits, bites, etc) |
| <input type="checkbox"/> Withdrawn/shy        | <input type="checkbox"/> Attaches self to adults                                 |
| <input type="checkbox"/> Verbally aggressive  | <input type="checkbox"/> Self injurious  |
| <input type="checkbox"/> Temper tantrums      | <input type="checkbox"/> Wanders/runs away                                       |
| <input type="checkbox"/> Other _____          |  |

Please explain any checked behaviours, their frequency, and methods of dealing with these behaviours: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BEHAVIOUR (con't)**

Is your child presently on a behaviour modification program?  no  yes *(If yes, please attach a copy of the program)*

Has your child ever been away from home before?  no  yes

Are problems with homesickness anticipated?  no  yes Please explain: \_\_\_\_\_

Does your child most easily make friends with children who are:  Older  Younger  Same Age

Does your child elicit behaviours that require constant 1:1 supervision?  no  yes

**Choose one of the options below to describe your child's social interactions: (circle the appropriate letter)**

- A. No difficulties functioning in social situations.
- B. May need prompting and encouragement when getting involved in new experiences.
- C. Requires complete supervision within social situations.

**Choose one of the options below to describe your child's decision-making skills:**

- A. Independent (no assistance necessary).
- B. Needs moderate prompting.
- C. Requires total assistance.

**Choose one of the options below to describe your child's cognitive reasoning skills:**

- A. Clearly understands directions and responds accordingly.
- B. Needs some direction and further explanation at times.
- C. Often experiences confusion with comprehending basic tasks.

**Additional information that would help our staff care for your child better:**


---



---



---



---



---

**Easter Seals Ontario does not receive any government funding. All programs are funded through generous donations from individuals, service clubs, businesses and foundations. Without these donations we would not be able to offer high quality, fully accessible, recreational programs.**

- |  |  |
|--|--|
| 1. May we use photos or videos of your child/family to promote Easter Seals Ontario, Easter Seals Canada, and/or Easter Seals' provincial member associations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. May we share photos or videos of your child/family among campers and staff?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. May we share your address or phone number with other campers?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I agree to have my name and address shared with the Easter Seals Fundraising Department.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**CONSENT**

I acknowledge that I have thoroughly read and understand the camper criteria for 2010.

I acknowledge that, to the best of my knowledge, the information on this application form is correct. I understand that this is an application for camp and does not guarantee confirmation. I understand that notification of confirmation will be sent by mail at a later date. I agree to inform Easter Seals Ontario of any changes in my child's medical condition prior to the start of camp.

To meet the needs of my child I give permission for the personal information collected in this application to be shared with the staff members who will care for my child. All the information gathered is stored in a confidential and secure manner. Easter Seals Ontario is in compliance with the Personal Health Information Protection Act (PHIPA).

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_