



Ontario
Helping Kids with
Physical Disabilities
Succeed

2010 LEADERS-IN-TRAINING APPLICATION EASTER SEALS CAMP MERRYWOOD

PLEASE CHOOSE A SESSION

- Session #1: July 4 – 14**
 Session #2: July 18 – July 28
 Session #3: August 1 – August 11

IMPORTANT REMINDERS

- Applications will be processed by the date that the *completed* application form with the *accompanying fee payment* is received in the Easter Seals Ontario Recreation Office.
- Acceptance into this program is dependent upon meeting the eligibility criteria and available space.
- Send completed applications to *Recreation Co-ordinator, Easter Seals Ontario, One Concorde Gate, Suite 700, Toronto, ON, M3C 3N6*. If you have any questions or concerns please call 416-421-8377 x 325 or 1-800-668-6252 ext. 325 or e-mail: camp@easterseals.org
- **PLEASE NOTE:** Transportation to and from camp is the responsibility of the participant.

PARTICIPANT PROFILE

Last Name: _____ First Name: _____ Gender: _____
 Street: _____ City: _____ Postal Code: _____
 Home Phone: () _____ Have you attended an Easter Seals Camp before? Yes No
 E-mail Address: _____

 Disability/Diagnosis: _____
Health Card Number: _____ **Version Code:** _____
 Date of Birth: (dd/mm/yy) ____/____/____ Weight: _____ kgs.
 Cabin mate request: _____
 Are there any activities you must avoid? (Please specify) _____

EMERGENCY CONTACT INFORMATION

Primary Contact: Dr. Mr. Mrs. Ms.
 Last Name: _____ First Name: _____
 Street: _____ City: _____ Postal Code: _____
 Home Phone: () _____ Work Phone: () _____ Cell: () _____
 E-mail Address: _____
 Relationship: _____

Secondary Contact: Dr. Mr. Mrs. Ms.
 Last Name: _____ First Name: _____
 Street: _____ City: _____ Postal Code: _____
 Home Phone: () _____ Work Phone: () _____ Cell: () _____
 E-mail Address: _____
 Relationship: _____

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 (<i>if applicable</i>)				

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

SLEEPING AT CAMP

Bedrails required?: yes no
Do you require turning during the night? yes no
How often? _____
Sleeping difficulties? yes no
Please describe: _____

BLADDER & BOWEL ROUTINES

Are you independent in toileting? yes no
Do you have bladder control? yes no
Do you have bowel control? yes no
Do you require?
 diapers/attends catheters
 Mitrofanoff bladder
irrigation/instillation
 disempactions suppositories
 enemas (please circle type) cecostomy fleet
 colostomy ileoconduit
 condom drainage
 Other _____

Please describe any assistance required:

DIET & EATING HABITS

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

Please describe: _____
Do you have any difficulties:

Swallowing? Chewing? Drinking?

Do you have a: G-tube J-tube

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

How long does the feed take to run in? _____

Special Instructions: _____

Do you eat anything by mouth? yes no

What? _____

Further eating instructions:

Please keep in mind that camp is not staffed with Registered Dieticians or Nutritionists trained to implement specialized diets. We will do our best to accommodate common diets, such as vegan, high fibre and low caloric diets. You can bring food from home to supplement the camp food in order to meet your special dietary needs. Easter Seals camps offer a Nut Aware environment. We ask that you do not bring any nut or nut products to camp.

COMMUNICATION:

Are you able to clearly express your needs to the camp staff? yes no

How do you communicate: Words, Augmentative Communication, type: _____

I am able to direct my own care: yes no, If no, I require the following assistance: _____

Are you able to participate in group discussions? yes no

Additional Information:

Please check (✓) all equipment that you will be bringing to camp:

Electric wheelchair Manual wheelchair – requires pushing yes no Walker Feeding Pump

Other _____

Any additional information to help us care for you? _____

Easter Seals Ontario operates with the generous donations of corporate partners, service clubs and individuals. Fundraising is important for Easter Seals to continue to offer recreational programmes. We ask for your support.

- 1. I agree to the use of photos or videos of my child/myself to promote Easter Seals Ontario, Easter Seals Canada, and/or Easter Seals’ provincial member associations? Yes No
- 2. May we share photos or videos of your child/yourself among campers and staff? Yes No
- 3. I agree to have my name and address shared with the Easter Seals Fundraising Department: Yes No

Consent

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. Notification of confirmation will be sent by mail at a later date. To meet your needs and have the ability to care for you, we must collect personal information about you and distribute this information to people who will care for you. Easter Seals Ontario complies with the Personal Health Information Protection Act (PHIPA). All the information gathered is stored in a confidential and safe manner.

Participant’s Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date rec’d: _____

ID#: _____

Approved: _____

Confirmation Sent: _____

INFORMATION ABOUT ME

Name: _____

Employment/Volunteer Experience:

POSITION	DATES	EMPLOYER/SUPERVISOR

Please complete the following questions clearly and concisely. Please use an additional sheet or paper if required.

1. Why do you want to participate in the Easter Seals Leaders-in-Training program?

2. What do you hope to gain from participating in the Leaders-in-Training program?

3. In your opinion, what is the most important skill or quality for a leader to have?

4. Please feel free to add anything else you would like us to know about you:

5. If we need to speak to you, what is a good time to contact you? _____