



Camper's name: _____
First/Last

Age: _____
On first day of camp

I request a consultation with the Camp Manager regarding the following information: Yes No

Personal Information: It is very important that you disclose the following information so that we may best meet the individual needs of your child. This information will be treated with confidence and respect.

Does your child have any medical, behavioral or learning conditions that we should be aware of? Yes No

Please provide details: _____

Does your child require 1:1 or small group support during the school year? Yes No

Have you contacted Community Living Algoma/Children's Rehabilitation Centre of Algoma to provide support for your child during camps? Yes No

If your child needs extra support, a private support worker may accompany them to camp. They must be 18 years of age or older and must present the YMCA with a Criminal Reference Check including the Vulnerable Sector Check **prior to the child attending camp.**

Will you be providing private support for your child during camps? Yes No

If yes, please provide their complete contact information below:

Name: _____
First/Last

Phone #: _____

Email: _____

Alternate Phone #: _____

Is your child under any form of treatment for any physical or emotional illness, condition or injury? Yes No

Please provide details: _____

Will this treatment affect participation in camp activities? Yes No

Please provide details: _____

Are there any activities your child may not participate in because of medial concerns? Yes No

Please provide details: _____

Medication Information: If you answer "Yes" to any of the following questions, please obtain a copy of the Consent to Administer Medication Form from the Membership Sales & Service desk.

Does your child require medication for treatment of an illness, condition or injury? Yes No

Please provide details: _____

Will medication be given to your child prior to arrival at camp? Yes No

Will your child be carrying/requiring any medication to be taken/administered at camp? Yes No

ANA Kit, Asthma Ventilator, Ritalin, or other stimulants, etc.

If "Yes", what is the medication and how will it affect them during camp?

Please provide details: _____

Name of Medication: _____

Dosage: _____

Prescription Non-Prescription Please provide details: _____

Allergies:

Does your child have any allergies? Yes No

If yes, what is the allergy and what is the reaction? _____

Does your child carry and Epi-pen? Yes No

Illness or Injury:

In recent months, has there been any major illness, broken bones or operations? Yes No

Please provide details: _____

Other:

Does your child have any dietary restrictions? Yes No

Please provide details: _____

Health History:

Please indicate if your child experiences or has experienced any of the following in the past year:

Seizures: Yes No Please provide details: _____

Vision Difficulty: Yes No Please provide details: _____

Hearing Difficulty: Yes No Please provide details: _____

Mobility Difficulty: Yes No Please provide details: _____

Diabetes: Yes No Please provide details: _____

Epilepsy: Yes No Please provide details: _____

Kidney Trouble: Yes No Please provide details: _____

Emotional Concerns: Yes No Please provide details: _____

Learning Concerns: Yes No Please provide details: _____

Behavioral Concerns: Yes No Please provide details: _____

Please feel free to attach and submit with this form additional pages to explain in further detail any of the information on either side of this form.