



Camper's name: \_\_\_\_\_ Age: \_\_\_\_\_  
First/Last 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

Ex: ADHD, Diabetes, Cerebral Palsy. Please provide details: \_\_\_\_\_

Has your child been diagnosed with Autism Spectrum Disorder?  Yes  No

Please provide details: \_\_\_\_\_

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

Have you contacted Thrive, 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 must 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: \_\_\_\_\_ Phone #: \_\_\_\_\_  
First/Last

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 medical/behavioural 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.