



KIDS CAMP QUESTIONNAIRE

A questionnaire must be filled out for each child coming to camp.

THIS FORM WILL HELP US TO MAKE THE WEEK AT CAMP SAFE AND HAPPY FOR YOUR CHILD/CHILDREN. IF WE KNOW YOUR CHILD'S/CHILDREN'S NEEDS AHEAD OF TIME, IT WILL HELP US PLAN FOR HIS/HER STAY. PLEASE FILL OUT THE ENTIRE FORM. PLEASE USE ADDITIONAL PAPER IF NEEDED TO ANSWER ANY QUESTIONS. PLEASE COPY THIS FORM FOR EACH CHILD. THANK YOU FOR YOUR TIME.

Information:

Child's Name: _____ Date of Birth: _____

Disability, if any: _____

Special needs or health issues we need to know about for camp activities such as swimming, going out in the sun, going for walks, running while playing games, etc? _____

Medications: **Parents MUST give all medications to their own children.**

List all medication child takes, times given, and side effects:

Allergies: Please list any allergies your child has.

Foods: _____ Medications: _____

Insects: _____ Lotions: _____

Other: _____

Toileting: Please indicate your child's toileting habits. Be as specific as possible.

____ Diapers ____ Toilet Training ____ Trained w/assistance ____ Independent

Explain your child's toileting schedule or assistance needed, if any: _____

Communication: Please indicate your child's communication skills. Be as specific as possible.

____ Verbal ____ Non-verbal ____ Sign Language ____ Communication Board

____ PECS (Picture Exchange Communication System) Level: 1 2 3 (please circle current level)

____ Understands and follows simple directions ____ never ____ sometimes ____ always (please check one)

Other, tell us more: _____

Please turn over and continue

*After completing both sides of this questionnaire for all children attending camp, please attach to your registration form and mail to WVECTCR (address listed on application form).

Feeding/Eating: Please indicate your child's feeding/eating level. Be as specific as possible.

____ G-tube ____ With assistance ____ Independent

____ Vegetarian diet needed

Food they CANNOT have: _____

Special feeding instructions: _____

Assistive technology/Specialized equipment: Please list all equipment your child is bringing to camp.

Additional information: Please be as specific as possible.

List things your child likes to do, what quiets him/her, or really upsets him/her. (For example, loud noises and being moved quickly upsets Johnny. Just let him know ahead of time that you will be moving him, and that if a balloon pops it will make a loud noise.) How are they in new places, with new people?

List things your child would NOT be allowed to do: _____

Tell us about your child's daily routines (schedules, nap times, snack routines, etc.): _____

Does your child have hearing/vision problems? Explain. _____

How does your child act in a group setting? _____

Does your child have any behavior issues (biting, hitting, self abusive, etc.)? _____

How do you handle the behaviors? _____

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