



Please Print All Information

Participants Name _____ Date of Birth _____

Address _____ Phone _____

Participant's Diagnosis _____ Severity of Diagnosis: Mild/Moderate/Severe

A) Convulsive Disorder

a) Does the Participant have a convulsive disorder? ___ Yes ___ No

b) If yes, please explain the participant's convulsive disorder:

c) List any medication participant takes for convulsive disorder:

i) _____

ii) _____

B) Orthopedic Disorder

a) Does the participant have an orthopedic disorder? ___ Yes ___ No

b) If yes, please explain the type of impairment and list any adaptive equipment used.

c) List any medication participant takes for orthopedic disorder:

i.) _____

ii.) _____

C) Hearing Impairment

a) Does the participant have a hearing impairment? ___ Yes ___ No

b) If yes, please explain participant's hearing impairment and to what severity is it:

c) List any medication participant takes for hearing impairment:

i.) _____

ii.) _____

D) Communication Disorder

a) Does the participant have a communication disorder? ___ Yes ___ No

b) If yes, please explain the participant's communication disorder:

c) List any medication needed for this disorder:

i.) _____

ii.) _____

E) Ambulation

a) Does the participant have an ambulatory disorder? ___ Yes ___ No

b) If yes, please explain.

c) List any medication participant takes for this disorder:

i.) _____

ii.) _____

d) Is this participant able to independently evacuate a building in two (2) minutes? ___ Yes ___ No

F) Self-Care (Hygiene)

a) Please list all help needed by a staff member for total hygiene

G) Bowel and Bladder

a) Please describe toileting schedule if necessary.

b) List adaptive equipment necessary:

c) Does the participant wear diapers, depends, etc. . .? ___ Yes ___ No

i.) If yes, please identify. Please note: Each participant must provide enough diapers, depends and etc. for each camp day (including before and after swimming)

H) Eating

a) Does the participant require assistance while eating? ___ Yes ___ No

b) Identify assistance needed:

I) Behavior

a) Does the participant have a behavior plan? ___ Yes ___ No

b) If yes, please list behavior plan and attach it to this form.

c) List all behaviors frequently demonstrated by the participant as well as how often these behaviors are demonstrated:

J) Personality

a) Describe the participant's personality:

b) Please list the participant's interests:

c) Are there any activities in which your participant may not participate? ___ Yes ___ No
If yes, please list:

K) Swimming

a) Does the participant have permission to swim? ___ Yes ___ No

b) If yes, describe the participant's swimming ability and please circle a choice below:

i.) One to one staff assistance, with swimming device (life jacket, arm swimmers, inner tubes)

ii.) Swimming device (life jacket, arm swimmers, inner-tubes) and little assistance.

iii.) Can swim independently

L) Photographs

a) Does the participant have permission to be photographed? ___ Yes ___ No

Parent/Guardian Signature: _____ **Today's Date:** _____

Print Name: _____