

Roswell Adaptive Friendship Camp

Basic Information

Campers Name:	Date of Birth:
Emergency Contact Name:	Emergency Contact #:
Emergency Contact Name:	Emergency Contact #:
Physicians Name:	Physician's #:
T-Shirt Size:	

Camper Questionnaire

We look forward to having your camper at Roswell Adaptive Friendship Camp, we ask that you provide us with the following information so we are prepared to serve your camper to the best of our ability from the first day they are at camp to the last day. All questions are for informational purposes only and answers are not qualifiers to attend camp.

1. Are your camper's immunizations current? ___ Yes ___ No
2. Please list any of the following conditions your camper currently has or has had in the past. (Example: Asthma, Diabetes, Seizures, etc.)

3. Please list any medications your camper takes regularly:

4. Will your camper take medications while at camp? ___ Yes ___ No
If the answer is yes, please list the medications your camper will take at camp.

5. Does your camper have any allergies to foods or dietary restrictions?
Please describe. (Example: peanuts – breaks out in hives)

6. Does your camper have any allergies to other items?
Please describe (Example: needs epi-pin for bee stings)

7. Please list any medical conditions or mobility restrictions that would prevent or limit your camper from participating in an activity:

8. Is your camper (check all that apply)

- a. Toilet trained
- b. Needs verbal reminders
- c. Tripped trained
- d. Wears diapers
- e. Needs support in the restroom to complete hygiene routines. Please Describe:

9. Does your camper need support at lunch? Please describe (needs help opening containers, needs food heated, needs to be feed, needs to be watched for choking etc.)

10. Does your camper have any sensory needs or fears?

11. How does your camper communicate?

- a. _____ Able to verbally communicate wants and needs
- b. _____ Uses one or two words to indicate wants and needs
- c. _____ Uses a communicate device or signs
- d. _____ Non - verbal

12. Is your camper likely to wander or run from the group or staff, please describe the behavior and when it is most likely to occur?

13. At camp, we would like to support any behavior issues your camper has throughout the year and provide the same type of system provided by his/her Behavior Intervention Plan. Does your camper have a Behavior Intervention Plan at school? _____

If yes, please bring a copy of the plan the first day of camp so the staff is aware of the interventions, which are beneficial for your camper.

14. What is the ratio of adults to students in your camper's school year classroom? (Ex. 1:5, 1:12 or 1:25)

15. Is there any other information you would like to share with us about your child, which might make your camper's adjustment to camp a smooth transition?

A large, empty rounded rectangular box with a dark blue border, intended for the user to provide additional information about their child to facilitate a smooth transition to camp.