

SUMMER DAY CAMP 2023 REGISTRATION FORM

Camper's Name: _____

Doctor Name: _____ Phone () _____

Please check only the boxes that apply to the camper.

Allergies & Medication

- Food allergies: Type & Details: _____
 - Insect bite allergies: Type & Details: _____
 - Medication allergies: Type & Details: _____
 - Uses EPI pen
 - Other (list): _____ Details: _____
 - Medication: Will the participant take medication during camp hours? ___Yes ___No. If yes, complete the form on page 14 and return it with camp registration. **Medication Permission forms must be submitted to NISRA prior to the first day of camp.**
- List Current medications (in case of emergency, if NISRA would need to supply paramedics with list of camper's medications): _____

Medical/Dietary (for ex., VNS, G-tube, Diabetes, PKU) & Other Conditions (ex., Shunts)*

Condition: _____ Details: _____

***Please provide this important information if applicable.**

Communication

- Wears Eyeglasses
- Uses Hearing Aid: Which ear? _____
- Uses Visual Support: (PECs, picture schedules, etc.) Details: _____
- Non-Verbal: Sign Language Interpreter Needed Uses Communication Device Details: _____

Daily Living Skills & Independence

- Feeding assistance required: Details: _____
- Toilet assistance required: Details: _____
- Requires regular bathroom schedule? ___Yes ___No
- Dressing assistance required: Details: _____
- Ability to keep track of belongings: _____
- Safety awareness (stays with group, wanders): _____
- Swim level (circle one): Cannot swim Swims a little Swims independently
- Ratio: NISRA provides an approx. 1:2 - 1:4 ratio for most camp groups. If you are requesting a different ratio, please briefly explain the reason: _____ (Note: camp ratios may be different than school ratios which are designed to meet specific academic achievement standards)

Mobility & Transportation

- Uses Wheelchair (circle one): Manual Power Transfers to seat ___Yes ___No Needs Harness Hook-up (If yes, parent must provide harness)
- Wheelchair lift needed on bus? ___Yes ___No, camper can walk up the stairs
- Orthopedic equipment (circle all applicable): Walker Braces Cane A.F.O. (ankle, foot orthosis) Crutches
- Bus aide requested? ___Yes ___No If yes, please briefly explain the reason: _____

Sensory/Behavioral/Other – tips to help camp staff work with the camper

- Sensory processing difficulties: Details: _____
- Ability to follow directions & accept limits/rules: _____
- Inappropriate behaviors: _____
- Understanding of sexual information: _____
- Shows anger by: _____ Calming techniques: _____
- Needs assistance with transitions? ___Yes ___No Shows pain by: _____
- Shows happiness by: _____ Shows affection by: _____
- Ability to join group activities: _____
- Activities he/she most enjoys: _____ Dislikes: _____

Please attach a page describing any additional information that would be helpful for the camp staff to know.

