Children's Museum Additional Support Form

The Children's Museum does our very best accommodate all children in camp, however we cannot offer 1-1 support. Please contact us directly if this form does not illustrate the level of support your child requires.

Child's Name: _____

Date of Birth (YYYY/MM/DD): _____ /_____ /_____ Age: _____

What are your goals for your child's day camp experience?

_____

_____

_____

_____

Please check all that are applicable to your child.

- ❑ ADD/ADHD
- ❑ Asthma/Respiratory Problems
- ❑ Autism Spectrum Disorder
- ❑ Cerebral Palsy
- ❑ Communication Disorder
- ❑ Developmental Disability
- ❑ Diabetes
- ❑ Down Syndrome
- ❑ Fetal Alcohol Syndrome
- ❑ Hearing Impairment
- ❑ Heart Problems
- ❑ Mental Health Concerns
- ❑ Oppositional Defiant Disorder (ODD)
- ❑ Pervasive Developmental Disorder
- ❑ Seizure Disorder
- ❑ Spina Bifida
- ❑ Tourette's Syndrome
- ❑ Visual Impairment
- ❑ Undiagnosed
- ❑ Other: _____ _____

Please highlight your child's strengths and abilities: _____

_____

_____

_____

MEDICAL INFORMATION

Does your child use any of the following? Please check all that apply.

- ❑ Wheelchair
- ❑ Walker
- ❑ Helmet for daily use
- ❑ Adapted Flotation Device
- ❑ Jogger
- ❑ Tubes (in ears)
- ❑ Earplugs
- ❑ Epi - Pen
- ❑ Inhaler
- ❑ Orthotics
- ❑ Terra Trek
- ❑ Glasses/Contacts
- ❑ Hearing Aids
- ❑ Other: _____ _____ _____

Does your child have a history of seizures? ❑ Yes ❑ No

If yes, please describe *predictors*, duration and last occurrence: _____

_____

Does your child have a history of concussion? ❑ Yes ❑ No
If yes, please describe symptoms and last occurrence: _____
_____

Please list any sensory considerations we should be aware of (sensitivity to sound, fabric, textures, etc.) and how to best respond: _____
_____

Please list any pertinent medical information or present treatments you feel we should be aware of (recent operations or illnesses, skin rashes, etc.) _____
_____

Medication(s)	Dosage	Time(s)	Reason for Taking

COMMUNICATION AND CAMP LIFE

How does your child communicate? Please check all that apply

- ❑ Functional Speech
- ❑ Isolated Sounds
- ❑ PIC-SYM
- ❑ Picture/Photo book
- ❑ Gestures
- ❑ Sign Language
- ❑ Eye Gaze
- ❑ Leading/Pointing
- ❑ iPad Application (Proloquo2Go, iPrompt, etc.)
- ❑ PECS (Picture Exchange Communication System
- ❑ Other_____

Is your child capable of:			**Please explain:**
Responding appropriately to supervision	❑ Yes	❑ No	_____ _____
Being responsible for belongings	❑ Yes	❑ No	_____
Working with a group of peers	❑ Yes	❑ No	_____
Communicating with sentences	❑ Yes	❑ No	_____
Communicating with gestures or sounds	❑ Yes	❑ No	_____ _____
Carrying out tasks when shown how	❑ Yes	❑ No	_____
Eating socially in a group setting	❑ Yes	❑ No	_____
Following simple instructions	❑ Yes	❑ No	_____
Toileting and changing independently	❑ Yes	❑ No	_____

In social settings, when does your child experience the most difficulty (ex: crowds, transitions, change) and how do you recommend we respond?

_____
_____

Please list potential difficulties for your child at camp (ex: wandering, water, fears) and how do you recommend we respond?

_____

_____

Does your child experience behavioural/social difficulties (ex: physical aggression, tantrums)? ❑ Yes ❑ No
If yes, please explain what happens when your child is agitated:

_____

_____

_____

What, if anything, triggers these behaviours? _____

_____

How do you recommend we respond to these behaviours (ex: behaviour protocol)? _____

_____

Favourite Activities:

_____

_____

_____

Least Favourite Activities:

_____

_____

_____

Please list any activities your child cannot or may not participate in due to medical reasons: _____

_____

ADDITIONAL INFORMATION

What level of support does your child have at school/daycare?

_____

_____

Will a support worker be attending with your child? ❑ Yes ❑ No
If yes, please list their name and a phone number to contact them: _____

_____

Please note anything else that would be helpful for us to know about your child, and/or additional tips for your child's success at camp:

_____

_____

_____

_____

_____

I have reviewed this form and I certify that the statements above are true, complete and accurate to the best of my knowledge and belief.

_____ _____

Parent/Guardian Signature Date Completed