

# Calvary Adventure Camp

## Special Needs and Considerations Form

Calvary Adventure Camps would like to know in advance if your child has any special considerations (e.g. allergies, medical concerns, or any special need.) **It is important to be as specific as possible.** This information will help to ensure that the needs of your child are being met in this program. All information will be kept in strict confidence with the staff of Calvary Adventure Camps.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Allergies:

Penicillin  Hay fever  Foods: \_\_\_\_\_

Peanuts (nuts)  Bee Sting (insect bites)  Other: \_\_\_\_\_

If allergies are noted, please list type of reactions: \_\_\_\_\_

Does your child require an Epi-Pen?  Yes  No      Severity of reaction:  mild  moderate  severe

### Medical Conditions:

Does your child have any medical conditions? (please list) \_\_\_\_\_

Is your child currently on any medications?  Yes  No

If yes, please list 1) \_\_\_\_\_ Purpose \_\_\_\_\_

2) \_\_\_\_\_ Purpose \_\_\_\_\_

Will your child be bringing this medication to camp?  Yes  No

If yes, please provide specific instructions: \_\_\_\_\_

### Program Support

Has your child been diagnosed with special needs or behavioural considerations?  Yes  No

Does your child receive support at school?  Yes  No

If yes for either, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child need assistance in order to participate in this program?  Yes  No

Please explain support needed: \_\_\_\_\_

Would a support worker accompany your child to camp?  Yes  No (if one-on-one support is needed)

(Note: We are unable to provide one-on-one support)

In order to meet the individual needs of your child, please list anything else we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Staff from Calvary Adventure Camp may contact you for further information.**

Parent/Caregiver Name (please print)

Phone #

E-mail

Weeks Attending:	
July 3-6 <input type="checkbox"/>	July 30 – Aug. 3 <input type="checkbox"/>
July 9-13 <input type="checkbox"/>	Aug. 7-10 <input type="checkbox"/>
July 16-20 <input type="checkbox"/>	Aug. 13-17 <input type="checkbox"/>
July 23-27 <input type="checkbox"/>	
Adventure Zone - Aug. 7-10 <input type="checkbox"/>	