

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)

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 3-7 <input type="checkbox"/>	July 31 – Aug. 4 <input type="checkbox"/>
July 10-14 <input type="checkbox"/>	Aug. 8-11 <input type="checkbox"/>
July 17-21 <input type="checkbox"/>	Aug. 14-18 <input type="checkbox"/>
July 24-28 <input type="checkbox"/>	
Adventure Zone - Aug. 8-11 <input type="checkbox"/>	