

Participant 2011 Update

Name: _____ Male Female

Date of Birth: _____ / _____ / _____ Age: _____ Height: _____ Weight: _____
DAY MONTH YEAR

Parent/Guardian(s)

Mother's name:	Resides at: <input type="checkbox"/> Address 1. <input type="checkbox"/> Address 2.	Mother's preferred method of contact:
Father's name:	Resides at: <input type="checkbox"/> Address 1. <input type="checkbox"/> Address 2.	Father's preferred method of contact:
Mother's Email:	Do you have regular access to email? <input type="checkbox"/> Y <input type="checkbox"/> N	Mother's Cell Phone:
Father's Email:	Do you have regular access to email? <input type="checkbox"/> Y <input type="checkbox"/> N	Father's Cell Phone:
Address 1.	City, Province Postal Code	Address 1 Telephone:
Address 2.	City, Province Postal Code	Address 2 Telephone:
Emergency Contact Name:	Emergency Contact Numbers:	Same as last year? <input type="checkbox"/> Y <input type="checkbox"/> N

Mother's Place of employment	Business Telephone	Can we call you at work? <input type="checkbox"/> Y <input type="checkbox"/> N
Father's Place of employment	Business Telephone	Can we call you at work? <input type="checkbox"/> Y <input type="checkbox"/> N

If divorced or separated, please indicate who has legal custody: _____

Sibling(s)	Age	Living at home?	Will attend camp together
_____	_____	<input type="checkbox"/> Address 1 <input type="checkbox"/> Address 2 <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
_____	_____	<input type="checkbox"/> Address 1 <input type="checkbox"/> Address 2 <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
_____	_____	<input type="checkbox"/> Address 1 <input type="checkbox"/> Address 2 <input type="checkbox"/> No	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Camp Attended in 2010

Day Camp _____ Residential Camp _____

Year 'Round Program _____

List any recreational or social clubs that your child has been involved in.

Camp/Leisure Program	Year Attended	Highlights/Difficulties
Describe your son/daughter's swimming abilities/badge level.		

Which skill/leisure program(s) does your son/daughter participate in during the year either at school, work or home and what is their favourite? If no organized activities or programs have been attended, list your son/daughters favourite pastimes or hobbies. Who do they like to spend their time with? e.g. soccer club, swimming lessons, literacy programs, afternoon playgroup.

Favourite activities:

Least favourite activities:

Strengths & Needs

Has there been any change to your child's original diagnosis or current medical status? Please Explain.

Does your son/daughter use/have any of the following? Did RFTR provide equipment for use at camp such as a Terra Trek, Jogger or bed rail? Check all that apply.

- wheelchair walking stick walker tubes (in ears) hearing aid earplugs
 orthotics shunt G-tube catheter inhaler eye glasses/contact lenses
 terra trek (rough terrain) jogger other (explain) _____

Highlight your son/daughter's strengths and abilities: _____

Describe the area(s) in which your son/daughter requires the most support or assistance: _____

Current medication regime

Prescription Medication(s)	Dosage	Time(s)	Purpose
Non-Prescription Medication(s)			

List all allergies or sensitivities triggered by the environment, food, or medication. Please describe reaction and management of reaction. _____

Please describe any changes in the last year. (Move, new school or work placement, family changes, unexpected behaviour, etc.) _____

Communication & Interpersonal Development

How does your child communicate? Check all that apply.

- functional speech
- gestures
- picture/photo book
- leading/pointing
- sign language
- PIC-SYM
- isolated sounds
- picture exchange program (PECS)
- communication device

Please describe: _____

Are these in use at school, work, home and other community times? _____

In social settings, when does your son/daughter experience the most difficulty (e.g. crowds, transitions, change, general interactions) and how do you respond? _____

List sensory considerations (e.g. noise, taste, smell, touch, mobility/balance, visual) and how do you respond?

List potential problems for your son/daughter at camp (e.g. wandering, water, fears) and how do you respond?

List behavioural/social difficulties (e.g. tantrums, verbal or physical exchanges, repetitive behaviour) and how do you respond? _____

Daily Living

Your son/daughter: is toilet trained is in diapers experiences enuresis (bed-wetting)

Describe your routine or new developments in personal care routines. _____

Does he/she have difficulty settling or sleeping at night? YES NO

Describe the nighttime routine that you use that helps to calm or settle your son/daughter: _____

Describe the guidance/assistance needed at meal times. Include any special dietary needs: _____

Please list any other significant changes to your child's needs and abilities in the last year: _____

Outside Information

School: _____

Teacher: _____ Telephone: _____

What is your child's current level of support at school or work placement? _____

May we contact the teacher for additional information? YES NO

Clinician: _____ Telephone: _____

May we contact the clinician for additional information? YES NO

***Please enclose a copy of your son/daughter's most recent school report or if participating in a day program, a copy of the Personal Goals Report.**

Additional Comments