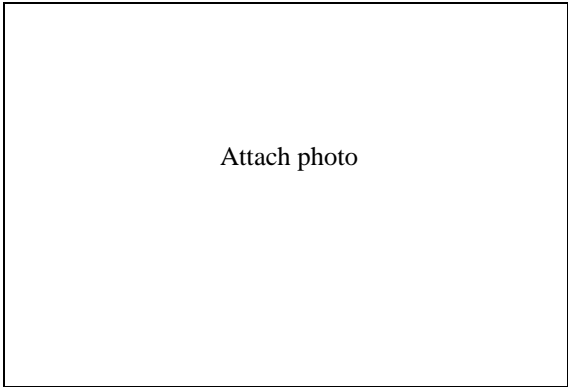




# Handi\*Camp Application Form

2010

Handi\* Camp is sponsored by  
Handi\*Vangelism Canada,  
A ministry of BCM International (Canada) Inc.  
685 Main Street East  
Hamilton, Ontario L8M 1K4  
Daniel Barrette, Director of Handi\*Vangelism  
Canada (905) 549-9810



Attach photo

<b>Camper Information</b>		<b>OHIP #</b>	
Last Name	_____	First Name	_____
Address	_____		
City	Province	Postal Code	_____
Phone	Gender	Date of Birth	Weight
_____	_____	____/____/____	_____
(dd / mm / yy)			
Primary Medical Diagnosis/Disability _____			
Secondary Diagnosis (or diagnoses) (if any) _____			
Describe the extend of disability including <u>year of onset and cause</u> (if known): _____			
Grade completed at school: _____ Type of class of school (integrated, supported, etc.): _____			
May we used photos or videos of your child to promote Handi*Camp? <input type="checkbox"/> yes <input type="checkbox"/> no			
May we share your address and birthday with other campers and counsellors? <input type="checkbox"/> yes <input type="checkbox"/> no			

<b>Parent or Guardian Information</b>			
Custody Status: <input type="checkbox"/> Mother : <input type="checkbox"/> Father : <input type="checkbox"/> Both : <input type="checkbox"/> Other:			
<b>Primary Contact:</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
Last Name:	_____	First Name:	_____
Street:	_____	City	_____
		Postal Code	_____
Daytime Phone: ( )	_____	Evening Phone ( )	_____
		Other: ( )	_____
E-mail Address:	_____		
<b>Secondary Contact (different than the Primary Contact):</b> <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
Last Name:	_____	First Name:	_____
Street:	_____	City	_____
		Postal Code	_____
Daytime Phone: ( )	_____	Evening Phone ( )	_____
		Other: ( )	_____
E-mail Address:	_____		
<b>T- Shirt Size</b> Youth / Adult Small <input type="checkbox"/> Youth / Adult Medium <input type="checkbox"/> Youth / Adult Large <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Adult XX-Large <input type="checkbox"/>			
OTHER SIZE _____ (please circle above the type of t-shirt and put an "x" in box for t-shirt size)			

**PERSONALITY/BEHAVIOR/SOCIALIZATION**

Please use this "key" (1 = ALWAYS, 2 = FREQUENTLY, 3 =SOMETIMES, 4 SELDOM, 5 =NEVER) to indicate applicant's behaviour in the area described by each of the following words/phrases:

- |  |   |
|--|---|
| 1. _____ Friendly towards others   | 17. _____ Temper outbursts  |
| 2. _____ Enjoys helping others   | 18. _____ Seems unhappy or sad  |
| 3. _____ Behaves rudely/inappropriately towards others                               | 19. _____ Goes along with change in daily routine   |
| 4. _____ Shares or cooperates with others  | 20. _____ Participates in large group activity without demanding attention or being disruptive                      |
| 5. _____ Willing to try new things   | 21. _____ Accepts correction and can be redirected towards appropriate behaviour                                    |
| 6. _____ Excessive motor activity  |   |
| 7. _____ Acts without thought of consequences to self and others                     | Unusual behaviours or behaviour problems we might expect to see and suggested ways to handle them (please describe) |
| 8. _____ Inappropriate sexual behaviour  | _____   |
| 9. _____ Easily becomes involved in activities                                       | _____   |
| 10. _____ Accepts rules easily; complies with requests                               | _____   |
| 11. _____ Avoids social contact with adults and peers                                |   |
| 12. _____ Wanders from group situations  |   |
| 13. _____ Aggression without apparent cause (hits, bites)                            | Has your child ever been away from home before? <input type="checkbox"/> no <input type="checkbox"/> yes            |
| 14. _____ Talks about something that is strange, frightening or disgusting           | Are problems with homesickness anticipated? <input type="checkbox"/> no <input type="checkbox"/> yes                |
| 15. _____ Behaviour puts self or others in danger of injury                          | Please explain: _____   |
| 16. _____ Focuses attention long enough to enjoy recreational and leisure activities | _____   |

**GENERAL INFORMATION:** In the following sections, please check all those words/phrases that most accurately describe the applicant. In some sections, more than one description might apply, so please read all items carefully.

**Communication with Camp Staff**

Verbal:  yes  no

Camper understands what is said to him/her:  yes  no

Able to clearly express needs to camp staff:  yes  no

Communication methods:  Words  Technical aids  
 Other: \_\_\_\_\_

Wears :  Glasses  Contact Lenses  Hearing Aids

**Sleep/Night-time routines**

Bed rails required:  yes  no

Does applicant sleep through the night?  yes  no

Does your child require turning at night?  yes  no

Number of times: \_\_\_\_\_

How many hours of sleep usually? \_\_\_\_\_

Any special going-to-bed routine? \_\_\_\_\_

Sleeping difficulties:  yes  no

Please describe: \_\_\_\_\_

\*Please provide draw or picture of positioning (e.g. Polaroid)

**Arm/Hand Use**

No functional use  Limited use  Good use

**Toileting – Urination**

Totally cares for own needs  Needs to be reminded to go to bathroom

**Needs help with:**

Getting on/off toilet  Clothing  Wiping  
(females) needs assistance during period (what assistance?)

Use:  bedpan  urinal  wears disposable diapers

When:  At night only  Day and night

Has an artificial urinary sphincter

**Uses a leg drainage bag:**

Daytime bag  Night-time Drainage bag

**Use a catheter**

Indwelling/Suprapubic size

No assistance needed

Needs assistance

Describe catheterization program (include type of catheter, schedule of use, cleaning, and storage): \_\_\_\_\_



**Swimming (be sure to check all that apply)**

- Not permitted to swim at all
- No swimming skills
- Some skills – shallow water only
- OK in deep water
- Swims well in deep water
- Loves water     Has fear of water

Special health considerations:

- Seizure prone in water
- Must wear earplugs in water
- Cannot submerge head – reason?

\_\_\_\_\_  
Uses flotation device – type?

\_\_\_\_\_  
Swimming/diving restrictions

\_\_\_\_\_

**Sitting**

- Cannot keep sitting balance without complete support
- Needs chair with back support
- Can sit without back support

Additional comments to clarify any items on these pages

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