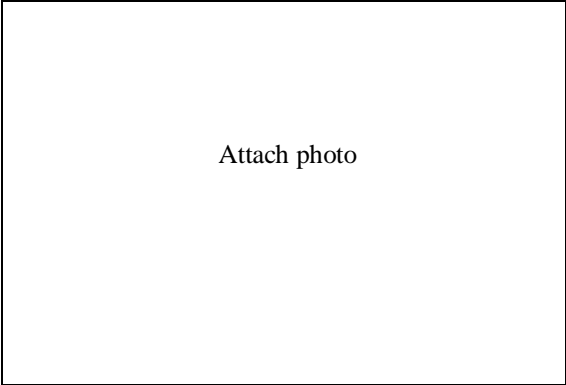




Handi*Camp Application 2011

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

Camper Information		OHIP #	
Last Name	_____	First Name	_____
Address	_____		
City	Province	Postal Code	_____
Phone	Gender	Date of Birth	Weight
_____	_____	____/____/____	_____
<small>(dd / mm / yy)</small>			
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? { yes { no			
May we share your address and birthday with other campers and counsellors? { yes { no			

Parent or Guardian Information	
Custody Status: <input type="checkbox"/> Mother : <input type="checkbox"/> Father : <input type="checkbox"/> Both : <input type="checkbox"/> Other:	
Primary Contact: ζ Dr. ζ Mr. ζ Mrs. ζ Ms.	
Last Name:	First Name:
_____	_____
Street:	City
_____	_____
Daytime Phone: ()	Evening Phone ()
_____	_____
E-mail Address:	Other: ()
_____	_____
Secondary Contact (different than the Primary Contact): ζ Dr. ζ Mr. ζ Mrs. ζ Ms.	
Last Name:	First Name:
_____	_____
Street:	City
_____	_____
Daytime Phone: ()	Evening Phone ()
_____	_____
E-mail Address:	Other: ()
_____	_____
T- Shirt Size 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)	

Mobility

Wheelchair Users
 { For long distance only { In wheelchair most of the time

Type of wheelchair:
 { Electric wheelchair/scooter
(Please also bring a manual wheelchair as a back up)
 { Manual wheelchair
 { Wheels chair independently { Needs assistance

Ambulatory - other assisting devices used:
 { Cane { Walker { Crutches

{ Braces/MAFO Type? _____
 When used? _____

{ Needs help putting on brace { Independent with braces

Any restriction on walking/running? (hills, distances, etc.)
 { Walks, but has difficulty { Can walk without problem
 Explain _____

Other Equipment

Wears helmet
 { whenever out of bed
 { only when engaged in physical activities
 Wears body jacket
 { Wears 24 hours a day (except for swimming / bathing)
 { Wears during waking hours (except for swimming /bathing)

Grooming – Teeth

{ Need the following help
 { Independent
 { Has braces – special care?
 { Has retainer- special care?

Grooming - Hair

{ Needs help combing hair { Independent

Diet & Habit Eating

{ Independent { Need to be assisted { Total feed
 Please describe: _____

{ Can serve and feed self independently

Diet: { Regular { Vegetarian { Soft
 { Cut into bite size pieces { Pureed { Other
 Please describe: _____

{ Uses special equipment – lists _____

How long does it takes your child to eat? _____

Toileting – bowel movements

{ Has a bowel movement every day(s) { Needs help wiping
 { Has a colostomy

Bowel program regularly includes:
 { Laxative use { Suppository use { Enema use
 Describe regular routine:

It 's been our experience that some campers' normal bowel habits can change in a new environment such as camp. If applicant does not have a bowel movement for a day or two beyond his/her normal schedule, would you like us to provide treatment in anyway?
 { Yes { No If yes, please check below which treatments you authorized (these are in the order we would use them):

1. { Apple and/or prune juice. 2. { Laxative
 3. { Suppository 4. { Enema

Bathing

{ Needs chair/stool in shower { Needs total assistance

Needs help with:
 { Getting in/out of shower { Regulating water
 { Washing/rinsing hair { Washing/rinsing body
 { Drying thoroughly

{ Needs verbal prompting {Needs reminder to be thorough
 { Can take a shower independently

Dressing

{ Needs help getting dressed
 (Hints for staff? Such as applicant does push up; rolls side-by-side; easier in wheelchair or on bed, etc.)

{ Just need verbal prompting { Dress self independently
 Approximate time needed for dressing routine? _____

{ Feeding tube routine – describe routine (type + size):

Eating Habits: { Hearty { Average { Fussy
 { Overeats { Undereats
 How is this handled? _____

Special diet – describe restrictions or any supplemental feedings needed? _____

Food allergies – what foods and type of reactions:

Any restriction on “snack shop” items? _____

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
