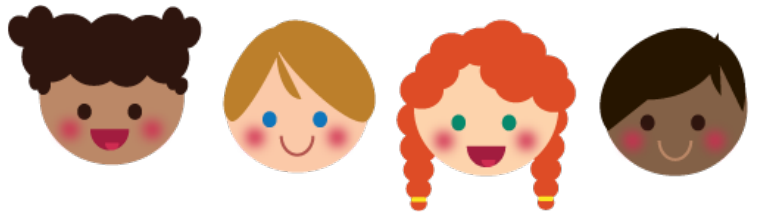


# Inclusive Camps Form



The Municipality of Meaford and its Instructors strive for every child to have the best possible camp experience!

Please complete this form if your child has: a physical and/or mental disability, EA/ECE support at school, and/or any regular behavioural needs.

Please provide any details to ensure a successful week of camp for your child. Staff will use this information to better help understand your child's needs and behaviours.

*Please note: The Municipality of Meaford does not provide individual support in program. Should your child require one on one support, please make alternative arrangements.*

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Child's Name:

Phone Number:

Does your child have any equipment that assists in participation?

Please indicate if your child exhibits any of the following behaviours?

Anxiety	Aggression	Running
Hair Pulling	Refusal to Participate	Biting
Hitting	Kicking	Pinching
Spitting	Tantrums/Meltdowns	
Other		

Please describe what triggers your child's behaviours chosen above:

Please indicate any strategies or techniques that you find useful in assisting your child's behaviour:

Please describe your child's behaviour (impulsiveness, attention span, etc.)

Are there any other circumstances in which your child may react or behave physically?

Does your child display self-injurious behaviour?

Yes

No

If yes, please describe and identify any strategies we can use to help your child

Please select either YES or NO for each option.

	Yes	No
Is your child verbal?		
Does your child have difficulty hearing?		
Is your child visually Impaired		
Does your child require bathroom assistance?		
Does your child wear a diaper?		
Does your child wear pull-ups?		

Please select the most accurate option for your child:

	Always	Usually	Sometimes	Never
Bladder Control				
Bowel Control				

Please provide any other information you may find useful to ensure the best possible camp experience for your child: