

CAMPER INFORMATION

Person completing form:

Relationship to camper:

Camper name:

Date of birth:

Gender:

Home address:

City:

State:

ZIP Code:

PARENT/GUARDIAN INFORMATION

Parent 1 name:

Parent 1 address (if different than above):

City:

State:

ZIP Code:

E-mail:

Phone:

Parent 2 name:

Parent 2 address (if different than above):

City:

State:

ZIP Code:

Phone:

E-mail:

EDUCATIONAL INFORMATION

What school does camper currently attend?

 Vanguard School Other: _____

Current Educational Services: (Check all that apply.)

 Speech Therapy Occupational Therapy Physical Therapy Counseling Social Skills TSS/Wraparound Other: _____**MEDICAL INFORMATION**

Camper has or has had a history of: (Check all that apply.)

 Seizures Diabetes Heart Condition Other: _____ Allergies (Please explain.) _____ Dietary Restrictions (Please explain.) _____

List any medications that the camper is currently taking.

Has the camper had a recent change (with the past month) in medications? Yes (Explain below.) No

BEHAVIORAL INFORMATION	
Have there been any changes to the camper's formal developmental and/or mental health diagnoses?	
Have there been any recent changes or stressors to the camper's environment?	
What are the camper's favorite activities at home, at school and in the community? What are the camper's interests and hobbies?	
Does the camper have any specific fears or dislike particular activities?	
Does the camper have any activity restrictions?	
What are situations that the camper finds challenging and what have you found to be effective to manage these situations?	
What specific activities help soothe and calm the camper?	
How does the camper respond to transitions from one activity to the next or to changes in routine?	
What physical or verbal signs does the camper exhibit when he/she is anxious and what works to help manage the situation?	
Does the camper have a history of verbal or physical aggression? Does she/he have a history of destructive, self-injurious behavior or running away/bolting? Give details of circumstances, frequency and how these situations are best handled.	
Does the camper have a history of sexual acting out behaviors such as excessive masturbation, exposing self, etc?	
Does the camper have a behavior management plan that is used at home or at school? If yes, please explain.	
Parent/Guardian Signature:	Date: