

# Participant Information Form



Alison Neighbourhood  
community centre  
COMM-YOU-NITY It's what *you* put into it

Alison Neighbourhood is committed to making our programs and leisure activities available and accessible. Please help us by completing the following information. The information you provide will be shared with our staff/volunteer team to provide support to your child within the program setting. It is our goal to make your child's time with us a positive experience!

**CAMPER INFORMATION:**

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Child's Grade \_\_\_\_\_

1. Name of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Extention: \_\_\_\_\_

**CHILD'S INFORMATION:**

Is your camper acquainted with anyone else coming to Summer Playground? · Yes · No  
If yes, who and what is the relation? \_\_\_\_\_

Has the camper been away from home before? · Yes · No  
If yes, how long away from home and where? \_\_\_\_\_

Can the camper swim? · Yes · No Level attained:

Does the camper need a lifejacket? · Yes · No

Is your child comfortable in a group environment? · Yes · No  
If no, please describe. \_\_\_\_\_

How well does the camper interact with others? \_\_\_\_\_

What types of activities does the camper enjoy?  
\_\_\_\_\_  
\_\_\_\_\_

Do they participate in activities: · Willingly · With Encouragement · Seldom · Never

Does the camper have any significant fear(s)? · Yes · No

If yes, what are they?  
\_\_\_\_\_

Please give details and describe how we can help with their fear(s). \_\_\_\_\_  
\_\_\_\_\_

**Behavioural Considerations**

How often does the camper engage in behaviours that require your intervention?

- Frequently
- Rarely
- Never

Describe the behaviour. (please note severity, frequency, cause and early warning signs):

How do you intervene when the camper engages in these behaviours? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have there been any behavioural changes in the past year? · Yes · No

If yes, please describe: \_\_\_\_\_

Is the camper on medication that controls or alters behaviour? · Yes · No

Does the camper use medication on an as needed (PRN) basis to manage behaviour? · Yes · No

Does the camper use a behaviour modification program? · Yes · No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Daily Living**

Please describe the nature of your child's exceptional needs (specific diagnosis or description of challenges):

Please share any other information that you think we need to be aware of, or elaborate on any of the above questions:

**Medical Information: Please list all medications, even if not taking at camp**

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s): \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time(s): \_\_\_\_\_

Reaction and Treatment Protocol: \_\_\_\_\_

Is medication required during program activities? Yes  No

If yes, please provide details: \_\_\_\_\_

How is medication administered? \_\_\_\_\_

Please indicate if your child has any of the following health and safety alerts?

Asthma  Does your child carry a puffer? Yes  No

Seizures  Last seizure? \_\_\_\_\_

Allergies  Please identify: \_\_\_\_\_

Does your child carry an EPI-Pen? Yes  No  ANA-Kit? Yes  No

**If yes, please complete Consent for Administration of Epi-Pen Form**

**Program Activity Information:**

Please indicate any assistance/strategies that might benefit your child to participate in each activity:

Outdoor Play \_\_\_\_\_

Field Trips \_\_\_\_\_

Indoor Play \_\_\_\_\_

Games \_\_\_\_\_

Arts/Crafts \_\_\_\_\_

Please indicate your child's swimming skill level: Swimming level completed: \_\_\_\_\_

Strong  Moderate  Requires additional Supervision  Weak

Requires one-to-one support in the pool for safety or physical support

**Permission and Consent:**

In order to maximize the benefits and enjoyment derived from this program and to offer the best support possible, I understand that it is important for the staff to have a clear idea of the capabilities of the program participants. The above information is true, accurate and includes as complete a description as possible. I hereby, authorize Alison Neighbourhood staff to obtain/release information on my child who will be participating in the program. The purpose of the information is to enable the staff, instructors and volunteers to plan the sessions to meet the needs of the participants. I permit,

Child's Name: \_\_\_\_\_

to participate in the program. I understand that this information is to be used by the recipient for the purpose of program planning, development and accommodation/support.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Information:**

For information on support and accommodation contact:

Ashley Lawniczak

519-620-1867

ashley@alisonneighbourhood.org

Personal information contained on this form is collected pursuant to the Municipal Act and will be used for the purpose of support and accommodation only.