



CAMP NUGGET
Child Planning Information

Please answer the questions below and return as soon as possible. It is important to have this information on file before your child can participate. **Please mail back immediately!**

Name of Child: _____

Today's date: _____ Child's Birthdate: _____

Name of Parent/Guardian(s): _____

Address: _____

Home Phone () _____ Work Phone () _____

Emergency phone, person to contact during program hours () _____

Email: _____

Child's Clinical Diagnosis (see back of this form for more detailed information)

If your child has ONE ON ONE aide provide name and contact information

The name, address, and phone number of your child's physician

***Please list medication(s) your child is presently taking: (Drug, dose, side- effects)

Does your child have a food allergy? Explain

Signature (Parent/Guardians)

Date:

Please answer the questions on the reverse of this sheet.

Camper Information

This information will help us to better understand your child's specific needs

1. What is your child's medical diagnosis or disability?
2. Are there any immediate medical concerns?
3. What are your child's strengths, needs, likes, dislikes?
4. Is there anything in particular that causes anxiety or fear in your child or trigger behaviors?
5. Does your child have an alternative way to communicate other than speech?
6. What physical activity (sports, games, etc.) does your child enjoy the most?
7. What reward or reinforcement would help your child during camp?
8. What school does your child attend? What grade? What type of class (GE or SDC)?
9. Will your child require medication while camp is in session from 9:00 A.M. to 12:00 P.M.?
(We discourage this if possible) Yes / No The camp Nugget staff does not dispense medication.

Is there any other additional information you would like us to know about your child?