

Perry County Board of DD  
**Youth Summer Camp Enrollment & Permission Form**

Camper's Name: Age: DOB:  
 Address(physical): City: Zipcode:  
 Address(mailing): City: Zipcode:  
 Parent/Guardian Name:  
 Address (if different than child's):  
 Email: Home Phone: Cell:  
 Camp T-shirt size: *Child:* **S M L** *Adult:* **S M L XL XXL**

Has child attended PCBDD Summer Camp before? YES NO

**MEDICAL, MOBILITY, COMMUNICATION, DIET & HYGIENE**

Diagnosis:

Please describe the nature of the disability:

Medical issues:

Current treatment for any medical problems:

Does child burn easily in sun? Yes No (if yes, restrictions):

**ALLERGIES:** (please list)

Is child allergic to bee stings or insect bites? Yes No (if yes, describe reaction and treatment):

Should child avoid exertion due to heart or other health concerns?

**SEIZURES:** Yes No Type of seizure: # Per month:

Last seizure: Length/duration:

**VISION:** Any problems? Yes No (if yes, describe):

Wears glasses? Yes No

**HEARING:** Any problems? Yes No (if yes, describe):

Wears hearing aids? Yes No

**MOBILITY:** (check all that apply) No problems Unsteady; needs some help Legs can bear weight

Slow walking Uses walker/cane Uses wheelchair: manual electric

Describe best way to transfer child from/to wheelchair:

***Please note: PCBDD cannot provide wheelchairs. All wheelchairs must have a safety belt for safe transportation and be in good working order.***

**DRESSING:** Independent Needs some help Needs total assistance

(describe):

Tying shoes: Independent Needs some help Needs total assistance

**COMMUNICATION:** Average for age Delayed No speech Reads words

Uses sign language: ASL SEE Impaired, uses pictures to communicate

Uses sounds, gestures, device/communication board, IPAD

Please identify any substitutes or special sounds/signs used by child:

**EATING:** Independent Uses straw for liquids Needs total assistance

Uses G/J Tube Has trouble swallowing

Needs help eating (describe):

Needs food cut up (describe):

**Describe appetite:** Poor Normal Overeats

Please describe diet restrictions and/or any adaptive equipment? No Yes

**Food Allergies:** *PCBDD is unable to modify lunches to meet specific medical need as an outside program provides them, if your child has a specific diet, please send lunch with them. Every effort is made to monitor portions, but we may not be able to adhere to general weight restricting diets.*

**TOILETING:** Independent Needs some help (describe):

Needs total assistance Needs reminders Wears diapers/pull-ups

Catheter(type): Can clean self after a bowel movement Cannot clean self after a bowel movement

How does your child let others know they need to use the restroom?

Instructions/toileting program?

Washing hands and face: Independent Needs help Needs total assistance

**SWIMMING:** Describe safety devices used in water (wings, floats, etc.)

Knows how to swim, does not usually wear a flotation device Unable to swim Wears earplugs

Needs extra attention in water settings

## **SAFETY, PERSONALITY & BEHAVIOR**

What to do when your child is getting upset (describe):

Rewards/Reinforcer:

Words that help your child feel good or help them through situations:

SENSORY LIKES:

SENSORY DISLIKES:

**Personality:**      Sociable      Complains      Friendly      Sensitive      Cooperative      Helpful

**Behavior Concerns:**

Leaves room without asking/telling	Aggressive toward others; throws things
Bites/scratches self or others	Hits/slaps self or others
Crying/screaming at times for unknown reasons	Spits
Withdraws from group activities	Climbs on tables, chairs, etc.
Difficulty transitioning from one activity to another	Takes off clothing inappropriately
Temper tantrums	Self-stimulating sexual behavior
PICA	Other concerns

**(describe other concerns):**

**PROGRAMMING INFORMATION & CAMPERS INTERESTS**

**FINE MOTOR** (involving hands):

Crafts      Drawing      Painting      Puzzles      Board Games      Cars      Dolls      Blocks

OTHER LIKES:

DISLIKES:

**SENSORY** (touching, sounds, visual):

Play Doh      Shaving Cream      Music      Weighted activities      Vibration      Singing      Lights

OTHER LIKES:

DISLIKES:

**LARGE MOTOR** (whole body):

Taking Walks      Running      Outdoor Play      Swinging      Dancing      Balls      Swimming      Sports

Other:

Activities to be encouraged:

Activities to be restricted:

**Transportation Information:**

Please list any scheduled days that camper will not be attending:

Can camper be left alone?      Yes      No

Did camper have an attendant on the bus for school?

Does camper need a booster seat? (Children under the age of 8, weighing less than 40 lbs or shorter than 4'9")

Yes      No

Does camper need an attendant on Transit?      Yes      No

Reason?

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***I (parent/legal guardian) give permission for (child's name)***  
***PCBDD camp sponsored and scheduled activities.***

***to participate in all***

***Yes! I authorize the use of my name, picture, video or other likeness in articles, social media and publication materials promoting the Perry County Board of DD services and activities.***

***No! I do not authorize the use of my name, picture, video or other likeness in articles, social media and publication materials promoting the Perry County Board of DD services and activities.***

**Signature of Parent/Guardian:**

**Date:**