



## SPECIAL NEEDS SUPPLEMENTARY INFORMATION

### Camper Information

Camper's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

### Parent or Support Provider Information: Primary Contact

Organization/Association \_\_\_\_\_

Street: \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Are you away while the camper is at Hudgins:  Yes  No

If yes, contact number and date(s) you will be away: \_\_\_\_\_

### Diet:

#### Assistance at meal times

Fully Independent     Cut Food     Uses Adapted Utensils (please provide)     Other

If other, please explain: \_\_\_\_\_

Does the camper have any food allergies or other dietary restrictions that need to be monitored by staff?  Yes  No Please list any food restrictions or special dietary requirements.

If camper is on a weight-loss program or has diabetes, please indicate what sort of snacks, desserts, etc. are allowed on the diet: \_\_\_\_\_

If a special diet must be strictly adhered to, please provide the meal plan.

## Daily Living

Please describe the nature of your child's special needs:

---

---

---

---

Degree of disability: Check one

- Mild: performs all activities of daily living and self care with minimal or no assistance.  
 Moderate: performs all activities of daily living, but at slow speed and with some assistance.  
 High: Unable to perform all activities of daily living, requires constant assistance.

Level of support recommended (please take into account the active nature of being at camp):

Check one:  Independent  3 Campers: 1 Leader  1 Camper: 1 Leader

Does the camper have any physical limitations?  Yes  No  Occasionally  Constantly  
Does the camper require or use a wheelchair or mobility aid?  No  Occasionally  Constantly  
If yes, please explain: \_\_\_\_\_

How does the camper communicate with others? \_\_\_\_\_

Please describe the camper's sleep habits. \_\_\_\_\_

Assistance: Please indicate with: I – Independent V – Verbal prompting F – Full Assistance

Dressing \_\_\_\_\_ Deodorant \_\_\_\_\_ Menstrual Hygiene \_\_\_\_\_  
Showering \_\_\_\_\_ Shaving \_\_\_\_\_ Incontinence Supplies \_\_\_\_\_  
Washing Hair \_\_\_\_\_ Brushing Teeth \_\_\_\_\_  
Brushing Hair \_\_\_\_\_ Using Toilet \_\_\_\_\_

(Incontinence supplies sufficient to last entire time at camp must be sent with camper if needed.)

## School Setting

Name of school: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the child have an educational assistant?  Yes  No

What type of learning environment?  Segregated  Integrated

How many students are in the camper's class? \_\_\_\_\_

**Social/Recreation Considerations:**

Is your child acquainted with anyone else coming to camp?  No  Yes Who? \_\_\_\_\_

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

Where did the camper go? \_\_\_\_\_

Does the camper enjoy the water?  Yes  No Does the camper need a PFD?  Yes  No

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

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

Does the camper participate?  willingly  with encouragement  seldom  No

Does the camper have any significant fears?  Yes  No

Please give details and describe how we can help with his or her fear: \_\_\_\_\_

**Behavioral Considerations:**

How often does the camper engage in behaviors that require our intervention?

Frequently  Rarely  Never

Describe the behavior: *(please note severity, frequency, cause and early warning signs)*

How do you intervene when the camper engages in these behaviors?

Have there been any behavioral changes in the past year?  No  Yes If yes, please describe:

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

Does the camper use medication on an as needed or prescribed dosage basis to manage behavior?  No  Yes

*(Include details in the medication section of this form and ensure that the medication accompanies the camper to camp.)*

How does the use of the medication change the behavior? \_\_\_\_\_

Does the camper use a behavior modification program?  No  Yes

*If yes, please outline on a separate page.*

## Other Camper Information

Please list any other information we should know in order to help us provide this camper with a safe, healthy and happy time while they are at camp.

---

---

---

---

---

---

---

---

I confirm that all the information on this form is accurate to the best of my knowledge. The camper is nonviolent and able to participate in a camp setting. The camper has been informed about camp and they have chosen to come to camp.

I hereby give my consent for the staff involved to secure **EMERGENCY** care for

\_\_\_\_\_  
Name of Camper

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing this form  
(If different from above)

\_\_\_\_\_  
Date

**Please return this form prior to camp to:**

**CrossTimbers Program Office  
3800 N. May Ave.  
Oklahoma City, OK 73112**