



Camper Profile 2018



Please complete a camper profile for each camper attending SLSP

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____

Grade Completed (as of July 1): _____ School: _____

Gender: Male Female

Camper is: Deaf Hard of Hearing Hearing

How fluent is your child in ASL? No knowledge Little Somewhat Good Fluent

GENERAL INFORMATION:

Does your child require additional supervision? Yes No

Does your child have a 1:1 worker at school? Yes No

Has your child been identified with a mental or physical disability? Yes No (if yes, please explain)

(Please contact Mike Cyr (mikecyr@silentvoice.ca) if your child requires additional supervision)

Does your child have a case worker from another agency? i.e. Children’s Aid, CCAS, JF&C, etc.

Yes No

***If yes, please provide contact information:**

Name of case worker: _____ Agency: _____

Email: _____ Phone Number: _____

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Email: _____ Phone Number: _____

***The purpose of this information is to bridge services for your child. By providing this information, you (the parent/guardian) are giving Silent Voice permission to contact the listed case workers if necessary.**

SWIM ABILITY: Yes, deep end No, but likes to play in the water with a life jacket
 Yes, shallow end only No, does not like the water (Non swimmer)

T-SHIRTS: Each child is required to have an **SLSP T-shirt** for identification purposes:

Youth: Small Medium Large

or

Adult: Small Medium Large X-Large

(There is a \$10.00 charge for each T-shirt. Additional shirts may be purchased at \$10.00 per T-shirt.)



Camper Medical Form

*Please complete this form for each child attending SLSP

Camper: _____

Physician's Name		Physician's Office Phone:	
Health card number: Without your child's health card number, we cannot register him/her for SLSP *write in box to the right*		Health Card Number:	
Does the camper have food allergies or dietary restrictions?	Y N	Specify:	
Does the camper have drug allergies or medical sensitivities (e.g. latex)?	Y N	Specify:	
Does the camper have medication for his/her allergies? What will happen if the camper suffers an allergic reaction?	Y N	Specify:	
Does the camper take medication on a regular basis?	Y N	Specify:	
Does the camper have asthma?	Y N	Treatment:	
Has the camper had a recent illness, injury or operation that we should be aware of?	Y N	Specify:	
Does the camper have any physical condition requiring special consideration while at camp?	Y N	Specify:	
Is the camper's immunization record up to date including polio, diphtheria, rubella, tetanus, pertussis, measles and mumps?	Y N	If yes, provide date of immunization: If no, provide details:	
Does the camper have any other medical problems we should know about?	Y N	Specify:	

Date of Camper's last physical examination : _____

Social / Emotional Information

Does your child have any particular behavioral patterns or attitudes (peer difficulties, temper, shyness, history of bullying or being bullied, school issues, family concerns etc.)?

Has your child faced any unusual emotional obstacles recently (family, social, academic concerns etc.); or suffer from fears or anxieties?

Is there anything we should know about that could affect the well being of your child or other children while at camp?

Please attach additional documentation if required

To the best of my knowledge my child is in good health and not suffering from a communicable disease*.

Signature: _____

Date: _____