

# 2017 St. Brigid's Summer Camp Registration Form

## APPENDIX B – HEALTH / SPECIAL NEEDS INFORMATION



Camper Name: \_\_\_\_\_

Our goal is to provide every child with a positive camp experience. Please assist us in supporting your child at camp by providing some details about his/her health and special needs.

If your child has any *physical challenges* that may affect his/her participation or integration into the camp program, please specify and indicate any activity restrictions:

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If your child has any *mental, emotional or behavioural challenges* that may affect his/her participation or integration into the camp program, please specify and indicate any activity restrictions:

What situations trigger a response with your child (e.g. dislikes, fears, social interactions)?

What strategies are used to manage your child's reaction/behaviour?

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Please describe any additional support that your child receives at home/school:

Please provide any additional information that would help us in enriching your child's camp experience, such as his/her interests or favourite activities: