

# Whispering Winds Catholic Camp & Conference Center

## 2013 Special Needs Family Camp Application

Please fill out in full detail. This information will be used to insure a positive successful camp experience.

Family Name: \_\_\_\_\_ Parish: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (required): \_\_\_\_\_

Family Members:

Adult or Child's Age

_____	Age: _____	Special Needs? (Y/N): _____
_____	Age: _____	Special Needs? (Y/N): _____
_____	Age: _____	Special Needs? (Y/N): _____
_____	Age: _____	Special Needs? (Y/N): _____
_____	Age: _____	Special Needs? (Y/N): _____
_____	Age: _____	Special Needs? (Y/N): _____

How did you hear about the Special Needs Family Camp?: \_\_\_\_\_

### SPECIAL NEEDS CHILD INFORMATION:

Primary Disability: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade (as of Fall 2013): \_\_\_\_\_

Primary Language (English; Spanish; Sign, etc.): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Mobility Limitations: \_\_\_\_\_

Require an Accessible Room?: \_\_\_\_\_

Require a Service Dog?: \_\_\_\_\_

History of Seizures? If so, what do they look like: \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_

### SKILLS INFORMATION:

I = Independent

SA = Some Assistance

TA = Total Assistance

Explanation

Feeding: I ☐ SA ☐ TA ☐ \_\_\_\_\_

Toileting: I ☐ SA ☐ TA ☐ \_\_\_\_\_

### COMMUNICATION INFORMATION:

Primary Mode  
of Communication:

Verbal ☐

Verbal (limited) ☐

Non-verbal ☐

Sign Language ☐

Augmentative Device: \_\_\_\_\_

Other/Explanation: \_\_\_\_\_

**BEHAVIOR INFORMATION:**

(Information will be used to place your child with the most appropriate staff member. Please be very specific.)

Aggressive Behavior: ☐ Yes ☐ No      If yes, please explain: \_\_\_\_\_

Behavior Support Plan: ☐ Yes ☐ No      If yes, please attach. \_\_\_\_\_

Special Diet/Feeding Restrictions: ☐ Yes ☐ No      If yes, please explain: \_\_\_\_\_

Flight Risk: ☐ Yes ☐ No

Fears/Dislikes: \_\_\_\_\_

Motivators/Reinforcers: \_\_\_\_\_

Other Behavior Concerns: \_\_\_\_\_

**PLEASE READ CAREFULLY, INITIAL AFTER EACH ITEM AND SIGN THAT YOU UNDERSTAND AND  
ACCEPT THIS INFORMATION**

\_\_\_\_\_ I give my consent that information on this application may be communicated to Whispering Winds Catholic Camp and Conference Center, Inc. staff and volunteers for the purpose of being equipped to provide the best care and assistance possible to all of our Family Camp participants.

\_\_\_\_\_ Permission is given to Whispering Winds Catholic Camp and Conference Center, Inc. to use photographs (individual or group) and/or multi-media images and recordings in the best interest of Whispering Winds Catholic Camp and Conference Center, Inc. I understand that photographs/images/video that I take at any Whispering Winds Catholic Camp and Conference Center, Inc. functions are for my personal use only. Personal Internet use of any images/video/multi-media should be approached with caution with regard to misrepresentation.

\_\_\_\_\_ I release Whispering Winds Catholic Camp and Conference Center, Inc., its staff, volunteers and the Whispering Winds Catholic Camp and Conference Center, Inc. facility from all actions, damages, or personal injuries which may occur to me or a member of my family or invited guest(s). I understand, that in the event of a minor injury, I may receive first aid treatment. In the event of an emergency, injury or illness, emergency medical services and I will decide the best course of action.

\_\_\_\_\_ I realize that tobacco, alcohol, and illegal drugs are NOT PERMITTED on the premises of Whispering Winds Catholic Camp and Conference Center, Inc.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_