



## MEDICAL PROTOCOL FORM

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Session(s): \_\_\_\_\_

Name of Medical condition/diagnosis: (please detail all presenting conditions)

\_\_\_\_\_  
\_\_\_\_\_

Is there any preference in regards to the gender of the Rainbow Inclusion Counsellor for your child? If yes, what do you prefer? \_\_\_\_\_

### Details of Needs:

Mobility restrictions: does the camper use a wheelchair or other mobility aids? Please detail.

Other devices: does the camper use any other devices or equipment?

Toileting and personal care: does the camper need reminders and/or assistance? Does the camper use diapers? Please detail.

Feeding abilities: are there dietary restrictions or food allergies? Can the camper feed him or herself? Will someone be attending camp to assist the camper with feeding? Please detail.

Communication abilities: does the camper use assistive communication devices? Please detail these. Does the camper understand English? What types of communication methods does the camper use (i.e. bliss symbols, sign language, visual schedules etc.)?

Swimming Program: can the camper go swimming? Does the camper require assistance changing for the swim program? Does the camper need toileting protection during swimming?

Behavioural concerns: does the camper react in any way to loud noises, crowds, or other stimuli that Rainbow should be aware of? What are the triggers to a reaction? Is there any situation that should be avoided? What is the reaction likely to be? How can staff promote and provide street safety awareness? Please detail how Rainbow staff can handle a reaction safely?

Seizures: does the camper have a history of seizures? How many seizures does the camper have typically? When was the most recent seizure? How long do the seizures normally last? What causes seizures to occur (i.e. fatigues, loud noises, etc.)? How does the camper feel after a seizure? Are there any restrictions on activity following a seizure? Has the camper ever had a prolonged seizure requiring medical attention? What do you want rainbow staff to do in a situation of a seizure?

Have there been any significant changes in your family or home situation that Rainbow staff should be aware of?

Who would you like Rainbow to call in the event of an emergency? Please give us their name, and daytime contact phone number. Is there an alternative person Rainbow should contact?

What is the PROTOCOL for Rainbow staff to follow when handling an emergency situation with your camper? Please detail.

Does your camper require medication to be administered while at camp? If yes, please complete the Authorization for the Administration of Medication Form .

I, \_\_\_\_\_ have read the above statements and agree that it is accurate and substantial information that I have provided in regards to my child, \_\_\_\_\_.

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

Date: \_\_\_\_\_

=====  
*For phone interviews only.*

Yes – the parent has verbally agreed (over the phone) that he/she has provided accurate and substantial information in regards to the child's special need(s).

No – the parent has not verbally agreed (over the phone) to concluded that the information provided is accurate and/or substantial in regards to their child's special need(s).

Signature of Camp Director: \_\_\_\_\_

Date: \_\_\_\_\_