



# INCLUSION SUPPORT PROGRAM INFORMATION FORM- OVERNIGHT CAMP

APPLICATIONS FOR THE ONE-ON-ONE INCLUSION SUPPORT PROGRAM ARE  
RECEIVED UNTIL ALL SPOTS FILLED.

Hello campers and guardians!

Completing this information packet will help us get to know your camper so we can support them as best as we can while they are with us at Evans Lake. Please know that while we can support a diverse array of physical and social needs, Evans Lake staff are unable to support campers who demonstrate physical violence or who frequently elope. We recognize that this is a large document to complete, and we are thankful for the time and effort you are putting in so that your camper has an amazing time at camp!



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|                                                                                                                                                                                                                  |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Campers First Name:                                                                                                                                                                                              | Last Name:           |
| <p>Tell us about your camper. What makes them an awesome kid? What do you want us to know before we learn anything else about them?</p>                                                                          |                      |
| <p>Please tell us what your campers daily routine looks like &amp; any likes or dislikes in their routine. Are there things they do weekly or daily that they particularly like or dislike?</p>                  |                      |
| Activity Interests                                                                                                                                                                                               |                      |
| <p>Please put <b>YES</b> beside any activities that your camper likes, <b>NO</b> beside activities you know your camper dislikes and <b>NEW</b> beside any activities that will be brand-new to your camper.</p> |                      |
| Canoeing                                                                                                                                                                                                         | Low Ropes            |
| Paddle Boarding                                                                                                                                                                                                  | Swimming             |
| Archery                                                                                                                                                                                                          | Hiking               |
|                                                                                                                                                                                                                  | Tent Camping         |
|                                                                                                                                                                                                                  | Arts & Crafts        |
|                                                                                                                                                                                                                  | Big Group Games      |
|                                                                                                                                                                                                                  | Singing              |
|                                                                                                                                                                                                                  | Nature Based Lessons |
|                                                                                                                                                                                                                  | Campfires            |
| <p>Please note any other activities that your camper likes or dislikes</p>                                                                                                                                       |                      |



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| Health Information                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is your camper's diagnosis?                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Does your camper have a history of <b>seizures</b> ? <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                          |
| *If your camper has a history of seizures, please complete the Seizure Information section on page 10                                                                                                                                                                                                                                                                                                                                                   |
| Physical Abilities, Assistive Devices and Support Needs                                                                                                                                                                                                                                                                                                                                                                                                 |
| Does your camper use or have any of the following?<br><input type="checkbox"/> Walking stick <input type="checkbox"/> Walker <input type="checkbox"/> AFOs <input type="checkbox"/> Other orthotics or braces (describe below) <input type="checkbox"/> Contacts<br><input type="checkbox"/> Hearing aids <input type="checkbox"/> Shunt <input type="checkbox"/> Feeding tube <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Other _____ |
| If your camper uses any asistive devices will they be bringing them to camp with them?                                                                                                                                                                                                                                                                                                                                                                  |
| Is there any further information in regerds to physical abilities and assistive devices that we should know about?                                                                                                                                                                                                                                                                                                                                      |
| Does your camper use a <b>Wheelchair</b> or <b>Jogger</b> to support them in in getting around?<br><input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                                                                                                                                                                                                            |
| *Will your camper be bringing their wheelchair or jogger to camp? <input type="checkbox"/> Yes* <input type="checkbox"/> No<br>*Is the Wheelchair or Jogger able to be used on different terrains? (ie. Going on a hike) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                       |
| Does your camper use their wheelchair or jogger full time? <input type="checkbox"/> Yes <input type="checkbox"/> No*                                                                                                                                                                                                                                                                                                                                    |
| *In what situations does your camper use their wheelchair?                                                                                                                                                                                                                                                                                                                                                                                              |
| Is your camper able to weight bear to assist with transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                   |
| Is there any other information related to your camper's use of a wheelchair or a jogger that we should know about?                                                                                                                                                                                                                                                                                                                                      |



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### Communication

What language(s) is spoken at home?

**Expressive Communication-** Check all that apply:

Speech: ☐ Isolated sounds

☐ Spontaneous communication

☐ Uses single words

☐ Uses 2-to-4-word phrases

☐ Uses Full sentences

Communication tools: ☐ Electronic ACC device

☐ Non electronic communication board

☐ PECS

☐ Photo Book

☐ Sign Language (formal or otherwise)

☐ Other: \_\_\_\_\_

|                                                                 | Never | Sometimes | Always |
|-----------------------------------------------------------------|-------|-----------|--------|
| Does your camper follow 1 to 2 step instructions?               |       |           |        |
| Does your camper follow 3 or more step instructions?            |       |           |        |
| Does your camper respond to "stop" or "no"?                     |       |           |        |
| Does your camper respond to verbal language?                    |       |           |        |
| Does your camper respond to sign language/ signs they use?      |       |           |        |
| Does your camper respond to PECS?                               |       |           |        |
| Does your camper respond to visual supports or picture prompts? |       |           |        |
| Does your camper follow instructions given to a large group?    |       |           |        |

Are there any strategies that are helpful in assisting your camper's receptive communication?

Are there any strategies that are helpful in supporting your camper's expressive communication?



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### Social Support Needs

How does your camper do with following group schedules?

- ☐ Would be able to follow a typical group schedule and rules
- ☐ Would be able to follow most of the group schedule and rules but may need breaks away from the group
- ☐ Would be able to participate in about half the schedule but would need many breaks away from the group
- ☐ Would find it difficult to follow the schedule and would prefer to spend time away from the group

### Group Settings – Check all that apply

- ☐ Comfortable in small group settings (5 to 15 people)
- ☐ Comfortable in medium group settings (15 or more people)
- ☐ Comfortable in Large group settings (60 or more people)
- ☐ May leave group if they are participating in an activity they don't like
- ☐ Will stay with group
- ☐ Will return to group when asked to

### Interactions with peers - Check all that apply

- ☐ Able to make friends easily.
- ☐ Initiates interactions with peers
- ☐ Prefers to interact with peers independently
- ☐ Prefers to engage with peers their age

Are there times when your camper has significant changes in mood such as expressing frustration, anger, sadness etc?  
 Yes\*    No    ☐    ☐

\*How are these emotions usually shown?

|                                                | Never | Sometimes | Always |
|------------------------------------------------|-------|-----------|--------|
| Camper uses appropriate verbal expression      |       |           |        |
| Camper uses negative or inappropriate language |       |           |        |
| Camper uses physical force                     |       |           |        |
| Removing themselves and keeping to themselves  |       |           |        |
| Walking or running away                        |       |           |        |
| Hides                                          |       |           |        |
| Other: _____                                   |       |           |        |

If your camper is showing a change in mood in a way that could be considered rude, hurtful or physical towards other people, please elaborate on what you or other people have seen and what works to deescalate these behaviours.

Are there triggers that lead to behavioural changes? Do you have any tips on how to avoid these triggers or how to avoid escalating the situation when your camper encounters a trigger?



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What does it look like when your camper starts getting frustrated?

- |                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| Challenges with initiating peer interactions                | Prefers to engage with peers that are younger than them |
| <input type="checkbox"/> Interacts cooperatively with peers | <input type="checkbox"/> Prefers to engage with adults  |
| <input type="checkbox"/> Engages in parallel play           | <input type="checkbox"/> Engages with prompts           |

**Age Group – Check all that apply**

- |                                                                                     |
|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Does best when interacting with peers younger than them    |
| <input type="checkbox"/> Does best when interacting with peers the same age as them |
| <input type="checkbox"/> Does best when interacting with peers older than them      |



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| Personal Care Information                                                                                                                                                                                                                                                                                                                                                      |      |        |                             |                |            |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|-----------------------------|----------------|------------|-----------------------------|
| Toileting information and routine -Please indicate yes/no with an "X" in the box                                                                                                                                                                                                                                                                                               |      |        |                             |                |            |                             |
|                                                                                                                                                                                                                                                                                                                                                                                | Yes  | No     | Recommendations for success |                |            |                             |
| Uses Diapers/ Briefs*                                                                                                                                                                                                                                                                                                                                                          |      |        |                             |                |            |                             |
| Indicates need to go to the bathroom                                                                                                                                                                                                                                                                                                                                           |      |        |                             |                |            |                             |
| Urinating in the toilet                                                                                                                                                                                                                                                                                                                                                        |      |        |                             |                |            |                             |
| Has bowel movement in the toilet                                                                                                                                                                                                                                                                                                                                               |      |        |                             |                |            |                             |
| Follows timed toileting routine                                                                                                                                                                                                                                                                                                                                                |      |        |                             |                |            |                             |
| Remains dry throughout the night                                                                                                                                                                                                                                                                                                                                               |      |        |                             |                |            |                             |
| Is regularly constipated                                                                                                                                                                                                                                                                                                                                                       |      |        |                             |                |            |                             |
| <p>*If your camper uses diapers/ briefs, we would like to know what you call them at home so we can continue to use the same language at camp. We would also ask that you provide an example of your change routine with one of our staff (if possible.) This can help us continue your routines and can help make your camper more comfortable during their time at camp.</p> |      |        |                             |                |            |                             |
| <p><b>Ind.</b> - Independent, does on their own<br/> <b>Prompt</b> - Verbal reminder<br/> <b>Staff Adjustment</b> – Does on their own but needs additional correction.<br/> <b>Hand over hand</b> – Needs someone to help with motions<br/> <b>Full Asst.</b> – Needs someone to do for them</p>                                                                               |      |        |                             |                |            |                             |
| Task                                                                                                                                                                                                                                                                                                                                                                           | Ind. | Prompt | Staff Adjustment            | Hand Over Hand | Full Asst. | Recommendations for Success |
| Pulls down pants                                                                                                                                                                                                                                                                                                                                                               |      |        |                             |                |            |                             |
| Sits on toilet                                                                                                                                                                                                                                                                                                                                                                 |      |        |                             |                |            |                             |
| Wipes self after urination                                                                                                                                                                                                                                                                                                                                                     |      |        |                             |                |            |                             |
| Wipes self after bowel movement                                                                                                                                                                                                                                                                                                                                                |      |        |                             |                |            |                             |
| Washes hands                                                                                                                                                                                                                                                                                                                                                                   |      |        |                             |                |            |                             |
| Any other notes on toileting:                                                                                                                                                                                                                                                                                                                                                  |      |        |                             |                |            |                             |



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| Menstrual Hygiene                                                                                                                                 |            |           |                                    |                |            |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------------------------------|----------------|------------|-----------------------------|
| Is your camper menstruating? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                             |            |           |                                    |                |            |                             |
| What menstrual products does your camper use? <input type="checkbox"/> Pads <input type="checkbox"/> Tampons <input type="checkbox"/> Other _____ |            |           |                                    |                |            |                             |
|                                                                                                                                                   | <b>Yes</b> | <b>No</b> | <b>Recommendations for success</b> |                |            |                             |
| Do they know when to change?                                                                                                                      |            |           |                                    |                |            |                             |
| Can they change independently?                                                                                                                    |            |           |                                    |                |            |                             |
| Does their period affect swimming?                                                                                                                |            |           |                                    |                |            |                             |
| Do you have a way of treating their menstrual cramps?                                                                                             |            |           |                                    |                |            |                             |
| Hygiene                                                                                                                                           |            |           |                                    |                |            |                             |
| Do they: <input type="checkbox"/> Shower <input type="checkbox"/> Bath <input type="checkbox"/> Either one                                        |            |           |                                    |                |            |                             |
| Please describe their shower/bathing routine:                                                                                                     |            |           |                                    |                |            |                             |
| How often do they shower/ bath per week?                                                                                                          |            |           |                                    |                |            |                             |
| Task                                                                                                                                              | Ind.       | Prompt    | Staff Adjustment                   | Hand Over Hand | Full Asst. | Recommendations for Success |
| Washes hands                                                                                                                                      |            |           |                                    |                |            |                             |
| Cleans hands with hand sanitizer                                                                                                                  |            |           |                                    |                |            |                             |
| Brushes teeth                                                                                                                                     |            |           |                                    |                |            |                             |
| Brushes hair                                                                                                                                      |            |           |                                    |                |            |                             |
| Sets water temperature                                                                                                                            |            |           |                                    |                |            |                             |
| Other personal hygiene notes:                                                                                                                     |            |           |                                    |                |            |                             |





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| Dressing                                                                                                                                                                                                            |      |        |                  |                |            |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|------------------|----------------|------------|-----------------------------|
| Describe their dressing routine:                                                                                                                                                                                    |      |        |                  |                |            |                             |
| <input type="checkbox"/> Dresses self <input type="checkbox"/> Undresses Self <input type="checkbox"/> Requires extra time to change <input type="checkbox"/> Accepts assistance                                    |      |        |                  |                |            |                             |
| Task                                                                                                                                                                                                                | Ind. | Prompt | Staff Adjustment | Hand Over Hand | Full Asst. | Recommendations For Success |
| Chooses weather appropriate clothing                                                                                                                                                                                |      |        |                  |                |            |                             |
| Puts undergarments on                                                                                                                                                                                               |      |        |                  |                |            |                             |
| Puts pants on                                                                                                                                                                                                       |      |        |                  |                |            |                             |
| Puts shirts on                                                                                                                                                                                                      |      |        |                  |                |            |                             |
| Puts socks on                                                                                                                                                                                                       |      |        |                  |                |            |                             |
| Buttons and Zippers                                                                                                                                                                                                 |      |        |                  |                |            |                             |
| Hangs wet clothes                                                                                                                                                                                                   |      |        |                  |                |            |                             |
| Puts dirty clothes in laundry bag                                                                                                                                                                                   |      |        |                  |                |            |                             |
| Looks after and organizes belongings                                                                                                                                                                                |      |        |                  |                |            |                             |
| Other notes on dressing:                                                                                                                                                                                            |      |        |                  |                |            |                             |
| Nighttime Routine                                                                                                                                                                                                   |      |        |                  |                |            |                             |
| Bedtime: _____ Wake up time: _____                                                                                                                                                                                  |      |        |                  |                |            |                             |
| What does your camper nighttime routine look like?                                                                                                                                                                  |      |        |                  |                |            |                             |
| If they are not settling, what are some strategies we can use to help them?                                                                                                                                         |      |        |                  |                |            |                             |
| Does your Camper nap during the day? <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                                      |      |        |                  |                |            |                             |
| *When do they nap and for how long? _____                                                                                                                                                                           |      |        |                  |                |            |                             |
| Does your camper sleep through the night? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                  |      |        |                  |                |            |                             |
| Would your camper ever leave the cabin if they woke up in the night? <input type="checkbox"/> Yes. <input type="checkbox"/> No                                                                                      |      |        |                  |                |            |                             |
| Does your camper ever wet the bed? <input type="checkbox"/> Yes* <input type="checkbox"/> No                                                                                                                        |      |        |                  |                |            |                             |
| *Are there any preventative strategies that you use at home?                                                                                                                                                        |      |        |                  |                |            |                             |
| <input type="checkbox"/> No. <input type="checkbox"/> Limit fluids after dinner <input type="checkbox"/> Use the washroom before bed<br><input type="checkbox"/> Wear Pull-ups <input type="checkbox"/> Other _____ |      |        |                  |                |            |                             |



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| Nighttime Routine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |        |                  |                |            |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|------------------|----------------|------------|-----------------------------|
| <p>At Evans Lake campers sleep in cabins that have up to 8 other campers, a cabin leader, and their one-to-one support worker sleeping in it. Campers also sleep on bunk beds. They can choose either the top or bottom bunk.</p> <p>Would this be a setting that your camper would be able to sleep in? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>So that we can reserve a bed for your camper, would they like a top or bottom bed? <input type="checkbox"/> Top <input type="checkbox"/> Bottom</p> |      |        |                  |                |            |                             |
| <p>Other notes on bedtime:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |        |                  |                |            |                             |
| Food, Drink and Mealtime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |        |                  |                |            |                             |
| Tasks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ind. | Prompt | Staff Adjustment | Hand Over Hand | Full Asst. | Recommendations for success |
| Using a fork or spoon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |        |                  |                |            |                             |
| Using a knife and cutting food                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |        |                  |                |            |                             |
| Serving themselves food                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |                  |                |            |                             |
| Pouring themselves a drink                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |        |                  |                |            |                             |
| Staying seated at the table                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |        |                  |                |            |                             |
| Staying hydrated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |        |                  |                |            |                             |
| <p>Evans Lake Mealtime area can get quite busy and loud. Is your camper okay with busy and loud places?</p>                                                                                                                                                                                                                                                                                                                                                                                                                  |      |        |                  |                |            |                             |
| <p>Are there food your camper finds challenging?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |        |                  |                |            |                             |
| <p>Are there alternative foods that your camper prefers to these challenging foods?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |        |                  |                |            |                             |
| <p>Other notes on mealtime:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |        |                  |                |            |                             |



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| Awareness of Safety and Boundaries                   |     |    |                             |
|------------------------------------------------------|-----|----|-----------------------------|
|                                                      | Yes | No | Recommendations for Success |
| Has awareness of traffic or machinery                |     |    |                             |
| Has awareness of fire safety                         |     |    |                             |
| Has awareness of water safety                        |     |    |                             |
| Will run or hide                                     |     |    |                             |
| Responds when name is called                         |     |    |                             |
| Puts inedible objects in mouth                       |     |    |                             |
| Please describe or elaborate on all safety concerns: |     |    |                             |

| Schedule and Transitions                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How does your camper prefer to know the schedule of the day?                                                                                                                                                                         |
| <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Two to three activities at a time<br><input type="checkbox"/> One activity at a time. <input type="checkbox"/> Just before a transition |
| Does your camper benefit from a physical copy of the schedule?                                                                                                                                                                       |
| What is the best way to prepare your camper for changes in the schedule?                                                                                                                                                             |



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| Schedule and Transitions                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How does your camper react to unexpected change                                                                                                                                                                                                                                                         |
| What is the best way to prepare your camper for transitions?                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Time warning (starting from ____minutes) <input type="checkbox"/> Show picture or PECS of next activity<br><input type="checkbox"/> Talk about next activity <input type="checkbox"/> Other: _____                                                                             |
| Other notes on assisting your camper with transitions:                                                                                                                                                                                                                                                  |
| Seizures- To be completed if your camper has a history of seizures                                                                                                                                                                                                                                      |
| Does your camper have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                |
| Please check what type of seizures your camper experiences:                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Absent Seizures (petit mal) <input type="checkbox"/> Tonic-Clonic (grand mal) <input type="checkbox"/> Simple partial <input type="checkbox"/> Febrile<br><input type="checkbox"/> Complex partial <input type="checkbox"/> Other: _____                                       |
| Date of last seizure: _____                                                                                                                                                                                                                                                                             |
| Frequency of seizers: _____                                                                                                                                                                                                                                                                             |
| Average length of seizures: _____                                                                                                                                                                                                                                                                       |
| Possible triggers for seizures: _____                                                                                                                                                                                                                                                                   |
| Please describe what your camper's seizures look like:                                                                                                                                                                                                                                                  |
| Please describe your camper's seizure protocol at home. How do you respond to your camper when they have a seizure? When do you require to call 911 – such as if a seizure goes longer than 8 minutes or they have 4 seizures a 2-hour period. Is there any medication you give if a seizure runs long? |
| Recognizing that medical care to Evans Lake can be a little more delayed than in the city, are there any alterations to your protocol listed above that you would like us to follow?                                                                                                                    |