

Disability Information

Participant's Name _____ Camp Location _____
Home Phone _____ Work Phone _____

1. Has your child participated in a Palm Beach County camp before? (circle) YES NO
 If yes, did your child have an inclusion companion? (circle) YES NO

2. Does your child have any behavior issues? Please provide examples. (circle) YES NO
 (i.e. wanders or refuses directions) _____

3. Will your child be required to take medication during camp hours? (Circle) YES NO

Disability: Check all that apply

- Allergies
- ADD/ADHD
- Autism
- Behavior Disorder
- Down Syndrome
- Hearing Impairment
- Visual Impairment
- Speech Impairment
- Learning Disability
- Mental Retardation Mild _____ Moderate _____ Severe
- Seizure Disorder
- Physical Disability
- Other _____