

SAMBULANCE

Special Needs Safety Education



A 501(c)3 Nonprofit Organization

Please complete the following medical information to the fullest of your ability. This form must be submitted as part of the complete application process including Basic Information and Skills Assessment.

MEDICAL INFORMATION

PERSONAL INFORMATION

Name _____ DOB ____/____/____

Allergies (check all that apply)

No known drug allergies No known food allergies latex Seasonal Environmental

Food _____

Medication _____

Diagnosis (check all that apply)

ADD/ADHD

Asthma

Autism

Behavior Disorder

Cerebral Palsy

Celiac Disease

Developmental Delay

Diabetes

Down Syndrome

Hearing Impaired

Intellectual Disability

Seizure Disorder

Traumatic Brain Injury

Vision Impaired

Other (please describe) _____

Toileting

Independent

Needs assistance

Please describe _____

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GENERAL MEDICAL INFORMATION

Seizure Activity

Does the individual have a seizure disorder?

Yes

No

How often

Daily

weekly

monthly

controlled by medication

Date of last seizure _____/_____/_____

Describe type, duration, characteristics, known triggers, etc. _____

Mobility (Check all that apply)

Independent with all ambulation

Walks with assistive device

Walks with direct staff support

Uses a wheelchair

Communication (Check all that apply)

Non-verbal

Verbal and clearly understood by others

Verbal but may be difficult to understand

Uses communication board/device

Uses sign language

Gestures

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CURRENT MEDICATIONS

Name _____

Dose/Frequency _____

Indication _____

Name _____

Dose/Frequency _____

Indication _____

Name _____

Dose/Frequency _____

Indication _____

please note, camp director will be available to give medication, with parent permission, at 12pm only

BEHAVIORS

Physically aggressive

never seldom always

Eats/attempts to eat non-food items

never seldom always

Self-Injurious

never seldom always

Self-stimulating behaviors

never seldom always

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Sensitive to touch

never seldom always

Wanders or runs away intentionally

never seldom always

Does your child have a 1:1 in school?

never seldom always

ADDITIONAL DOCUMENTATION

To best meet the camper's needs, please send a copy of all applicable plans with this application

ISP: Individual Service Plan

IEP: Individual Education Plan

Behavior or Risk management plan

SHIRT SIZE

Adult S

Adult M

Adult L

Adult XL

Adult XXL

Parent/Guardian signature _____ Date ____/____/____