

Quest Adventure Camp Intake Form



Camper Information			
Legal Surname:		First Name:	
Birthday (M/D/Y):		Age:	Gender:
Address/City/Postal Code:			
Parent/Guardian Information # 1			
Name:		Relationship:	
Primary Phone:		Email:	
Parent/Guardian Information # 2			
Name:		Relationship:	
Primary Phone:		Email:	
Emergency Contact			
Name:		Relationship to Applicant:	Phone:
Name:		Relationship to Applicant:	Phone:
Camps your child is interested in attending – please check with an X all that apply			
		July 25- 29	July 4- 8 Culinary (15 to 19 years)
	July 4 - 8	August 2- 5 (4-day week)	July 11 - 22 Taking Flight (2-week camp & must be 15 to 19)
	July 11-15	August 8-12	
	July 18- 22		July 25 - 29 Culinary (10 to 14 years)
Camper's Educational Information			
Child's school:		Current Grade/Placement:	
Please describe your child's school setting (i.e. regular or specialized classroom):			
Please describe how your child is doing socially and behaviourally at school:			
Does your child currently have an aide in school? ___ Yes ___ No If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
What is the aide for? <input type="checkbox"/> Academics <input type="checkbox"/> Organization <input type="checkbox"/> Focus <input type="checkbox"/> Behaviour			
Does an aide go to the playground with the child? ___ Yes ___ No			

Health Information & Consent to Administer Medication		
Alberta Health Care Number:		
Family Physician:	Phone:	
Describe your child's formal diagnosis (if you have one):		
Any known Allergies: ___ Yes ___ No If yes, please specify below:		
Allergies	Reactions	
Is your child on any routine medication ___ Yes ___ No If yes, please specify below:		
Medications	Dosage	Time of Administration
Any Dietary Restrictions ___ Yes ___ No If yes, please specify: Restrictions include:		
Does your child have seizures? ___ Yes ___ No If yes, please respond to each question below:		
Seizure Protocol		
Does your child have rescue medication? ___ Yes ___ No		
Name of Medication:	Dosage & Procedure:	
Describe when to call Parents:		
Describe when to call 911:		
Known triggers (i.e. flashing lights, getting too warm):		
Level of Independence: Please outline your child's abilities in the following areas:		
Mobility and gross motor:		
Fine motor skills:		
Toileting:		
Ability to stay on task:		
Other Health Concerns: Please outline any other areas of concern: Concerns include:		
ACKNOWLEDGEMENT BY PARENT(S)/GUARDIANS(S)		
<ol style="list-style-type: none"> 1. Any change in the student's medical condition or medication is to be brought to the attention of the Calgary Quest Children's Society. 2. This medical release form is valid only for the summer in which it is submitted. 3. Action taken by staff will be limited to what is possible in a camp setting and to what can be done by persons untrained in medical procedures. 4. By signing this form, you are agreeing to Camp staff administering medication as outlined above. 		
WAIVER		
By signing this form, the parent or guardian releases Calgary Quest Children's Society and its employees from and against all claims, suits, demands and actions whatsoever taken now or in the future which may arise by reason of the administration of medication to the Camper. The action taken by staff as requested above is both requested and authorized.		
Print Parent Name	Signature	

****This information is accurate and filled out to the best of my knowledge, I will notify the camp of any changes****

Additional Information

Please mark an 'X' using one of the three terms below to best describe your child:

Significant: The child shows a significant deficit in this area compared to others his/her age.

Moderate: The child has some difficulty in this area compared to others his/her age.

Minor: The child has little to no difficulty in this area (i.e. average or better compared to others their age).

Area of Focus	Significant	Moderate	Minor
Listens to and accepts directions from adults			
Resists trying new things			
Short attention span			
Hurts others physically when frustrated/ angry			
Hurts self physically when frustrated/angry			
Impulsive behaviour			
Tendency to cry easily			
Mood changes quickly and drastically			
Verbal outbursts when frustrate			
Difficulty with transitions			
Very sensitive to noise, textures, etc.			
Runs away/hides when stressed			
Rigid thinking			
Wanders away from group/lack of community safety			
Struggles with transitions			

Consent to Obtain Information

If your child is a student at Calgary Quest School, please check the 'Yes' box below to give program staff permission to access your child's psycho-educational assessment and IPP: ___ Yes ___ No

In order for us to make the best decision about the appropriateness of this camp for your child, getting your child's teacher's perspective can be helpful. Do you give permission for program staff to contact your child's teacher? ___ Yes ___ No

Print Parent Name:

Signature:

PLEASE UPLOAD THESE 3 DOCUMENTS at www.calgaryquestresources.com/qac-intake-fee

1. This completed 3-page form.
2. Recent psycho-educational assessment (if you have one) or pediatrician's report if you check 'No' above.
3. School IPP, if you have one or check 'No' above.

For Intake Form Review Fee, please go to: www.calgaryquestresources.com/qac-intake-fee