



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

**General Information** (if necessary, please continue answers on back or attach additional pages)

- 1. Has your child been diagnosed with any neurological, developmental or chronic condition other than autism spectrum disorder? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please specify condition, and any emergency protocol:

\_\_\_\_\_

- 2. Is your child currently taking any medication?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, List medications: \_\_\_\_\_

\_\_\_\_\_

- 3. Will medication need to be administered by camp staff? Yes: \_\_\_\_\_ No: \_\_\_\_\_

- 4. Does your child have any specific allergies? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please specify allergen, and treatment if applicable.

\_\_\_\_\_

- 5. Is your child an independent swimmer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please describe your child's swimming ability and comfort level in the water.

\_\_\_\_\_

- 6. Please describe any physical or medical restrictions your child has.

\_\_\_\_\_

- 7. Please describe your child's liked or preferred activities at home and at school or camp.

\_\_\_\_\_

- 8. Please describe any specific activities that your child dislikes.

\_\_\_\_\_

- 9. Describe any self-stimulatory or self-injurious behaviors your child may exhibit.

\_\_\_\_\_

- 10. Please describe any interventions or calming techniques that have helped your child.

\_\_\_\_\_

- 11. Please describe what your child does when upset

\_\_\_\_\_

- 12. Is there anything else you would like us to know about your child?

\_\_\_\_\_

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

**Permissions and Waivers**

**Field Trip Permission and Transportation Waiver** I hereby give my permission for my child, \_\_\_\_\_, to take part in any and all off-campus recreational outings scheduled during his or her enrollment at Camp Giant Steps. I understand that my child will be transported by bus and hereby release Giant Steps of St. Louis and Camp Giant Steps from all liability during the transportation of my child.

\* \_\_\_\_\_  
Signatures of Both Parents or Guardians

\* \_\_\_\_\_

Date \_\_\_\_\_

**Emergency Information and Permission**

I understand that in the event of an emergency, every effort will be made to contact a parent, guardian or emergency contact. In the event I or my designee cannot be reached, I hereby give permission for a Giant Steps staff member to secure my child's doctor, or, if he/she is not available, another physician, to provide any necessary emergency treatment. Furthermore, I hereby give a physician permission to use any necessary emergency treatment required for the health and safety of my child.

\* \_\_\_\_\_  
Signatures of Both Parents or Guardians

\* \_\_\_\_\_

Date \_\_\_\_\_

**Pediatrician Information:**

**Dentist:**

Name \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts (2)**

1. Name \_\_\_\_\_

Telephone Home: \_\_\_\_\_

Cell: \_\_\_\_\_

2. Name \_\_\_\_\_

Telephone Home: \_\_\_\_\_

Cell: \_\_\_\_\_

**Photo Release:** I do  do not  permit Giant Steps to publish my child's image in their promotional literature, newsletters, news releases or website.  
I understand that Giant Steps will NOT publish my child's name or other identifying information.

\* \_\_\_\_\_  
Signatures of Both Parents or Guardians

\* \_\_\_\_\_

Date \_\_\_\_\_

Please enclose a deposit of \$275 payable to Giant Steps to hold your camper's place.