



## Part II ... Social and Emotional Behavior

	Never	Sometimes	Most of Time	Always
Does your child interact with peers?				
Does your child interact with adults?				
Does your child have a limited attention span?				
Is your child generally happy and content?				
Does your child accept new situations easily?				
Does your child want demands met immediately?				
Does your child cry often or easily?				
Does your child have temper tantrums?				
Does your child have a tendency to wander?				
Does your child hum or make different noises?				
Does your child provoke or hurt other children?				
Is your child defiant or uncooperative?				
Does your child enjoy group games?				
Does your child play well in small groups?				

### Check your child's likes and dislikes

	Likes	Dislikes	New	Other
Swimming				
Music				
Animals				
Arts & Crafts				
Sports & Games				
Other				

## Part III ... Medical & Health Needs

**Does your child take medication?**      **Y or N**

If yes, what type of medication? \_\_\_\_\_

Must it be administered during camp hours?      **Y or N**

**Allergies** ... Does your child have allergies?      **Y or N**

If yes, to what? \_\_\_\_\_

Describe allergic reaction \_\_\_\_\_

**Seizures** ... Does your child have seizures?      **Y or N**

Describe \_\_\_\_\_

Length of seizure \_\_\_\_\_ Frequency of seizure \_\_\_\_\_ Date of last seizure \_\_\_\_\_

**Asthma** ... Does your child have asthma?      **Y or N**

Describe specific signs of an asthma attack in your child:

\_\_\_\_\_

Special medication \_\_\_\_\_

**Toilet Trained** ... Is your child toilet trained? **Y** or **N**

**Part IV ... Communication Skills** How would you best describe your child:

	√	Notes
Age appropriate		
Below Average		
Limited		
Can use sign language		
Can use some words		
Can use sentences		
Is easily understood		
Communication board		

If speech is limited, please list any important phrases, words, sounds or gestures that Your child uses on a daily basis to make his needs known (attach separate sheet if needed):

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**Part V ... Other Important Information**

Please describe anything else we need to know about your child that you feel is Important (attach separate sheet if needed):

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Describe your child and how you think he/she would benefit from Camp Flying Point:

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**Part VI ... Parental Consent & Release**

My child has permission to participate in Camp Flying including all recreational activities, unless indicated below:

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In consideration of the Flying Point Foundation for Autism Inc., permitting my child to attend Camp Flying Point, I hereby **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE** that I or my child may have against the Flying Point Foundation for Autism Inc., its directors, officers, employees, counselors, volunteers, agents, assignees and cooperating entities, their representatives, heirs, executors, administrators, successors and assigns arising out of or resulting from any and all injuries or damages of any nature, including death, which my child may suffer while participating at Camp Flying Point.

**I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY AND ALL PARTIES IN CONNECTION WITH Camp Flying Point.** I further understand that (I) (and my child) assume(s) all risks in participating at Camp Flying Point. I further recognize that the Flying Point Foundation for Autism Inc. cannot be held responsible for loss of clothing or personal property while at camp, and I will try to have all belongings plainly marked. This release shall be binding upon me, my (and my child's) heirs, executors, administrators, assignees (and all legal guardians of my child).

- No refunds will be granted for sick or absent days.
- No children will be release to a non-family member without prior consent from a parent/guardian.
- All photos taken during the course of camp activities are the property of the Flying Point Foundation for Autism and Camp Flying Point and *may* be used in camp promotional materials.

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Print Name of Parent/Legal Guardian

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Signature of Parent/Legal Guardian

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Relationship to Camper

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Date