

CHILD'S NAME \_\_\_\_\_

**Camper Application**

**Part A**

**Note:** This form must be completed in full in order to be accepted and processed. Do not leave any blanks. If the answer to a question is "none," write the word "none".

**(Please Print)** Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name: \_\_\_\_\_  
FIRST LAST M.I.

Sex: \_\_\_\_\_ Grade next school year: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Name(s) of Parent(s) or Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
STREET APT #

\_\_\_\_\_  
CITY STATE 9-DIGIT ZIP CODE

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Best Number to reach you \_\_\_\_\_

Email: \_\_\_\_\_ Child's Email: \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_  
NAME RELATIONSHIP

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
NUMBER

Is this your child's first time attending TS Camp USA? \_\_\_\_\_

What are your child's interests, hobbies, special foods, etc.?

\_\_\_\_\_  
—

\_\_\_\_\_  
—

\_\_\_\_\_  
—

What do you hope your child will gain from a camp experience?

\_\_\_\_\_  
—

\_\_\_\_\_  
—

\_\_\_\_\_  
—

**Does your child want to attend camp?** \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

Have you asked your child what (s)he expects to get from this camp experience? \_\_\_\_\_

What was his/her response?

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**PART B**

**CONFIDENTIAL**

**TELL US ABOUT YOUR CHILD: PSYCHOSOCIAL/EMOTIONAL & BEHAVIORAL FUNCTIONING**

In order to insure that every child attending TS Camp has a positive experience, please complete this section as honestly and specifically as you can. The purpose of this section is not to "rule out" a camper with difficulties; rather, it helps us to assess if your child is ready for the best possible camp experience at the present time. No child is perfect and many difficulties can be avoided by well-informed counselors who are prepared with knowledge to respond to problem areas.

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Has your child attended any special needs camp (including TS camp)? \_\_\_\_\_

If so, which camp? \_\_\_\_\_ How many years? \_\_\_\_\_

Does your child have any other special needs: Mobility \_\_\_\_\_ Language \_\_\_\_\_

Reading \_\_\_\_\_ Sleep Difficulties \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Please give any suggestions you feel would be helpful regarding the above special needs:

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Please describe your child's current motor and vocal tics. **Be as specific as possible**, i.e. echolalia (repeating phrases of self/others), coprolalia (involuntary swearing), touching, etc: \_\_\_\_\_

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Has your child had any recent (within the last year) hospitalizations or residential care? If yes, please describe: \_\_\_\_\_

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CHILD'S NAME \_\_\_\_\_

Has your child ever spent the night away from home and family members? \_\_\_\_\_

How did (s)he respond? \_\_\_\_\_

Has your child met other children with Tourette Syndrome, and if so, how did they get along?

\_\_\_\_\_

How does your child handle being questioned/teased about his/her TS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child get along with peers at school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child get along with adults/authority figures? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any educational accommodations? If so, please list: \_\_\_\_\_

\_\_\_\_\_

Please **check** any behaviors that generally describe your child:

Can be oppositional with authority figures \_\_\_\_\_ Tends to be manipulative \_\_\_\_\_

Has problems waiting his/her turn \_\_\_\_\_ Has problems sharing \_\_\_\_\_

Lies \_\_\_\_\_ Is argumentative \_\_\_\_\_ Has tantrums \_\_\_\_\_ Is easily frustrated \_\_\_\_\_

Runs away \_\_\_\_\_ Swears (excluding coprolalia) \_\_\_\_\_ Teases other children \_\_\_\_\_

Gets in fights \_\_\_\_\_ Cries easily \_\_\_\_\_ Quick to anger \_\_\_\_\_ Bullies younger,

smaller children \_\_\_\_\_ Hits other children \_\_\_\_\_ Hits adults \_\_\_\_\_

Talks back \_\_\_\_\_ Pushes limits \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

**Please answer Yes or No:**

Have you explained to your child that while at camp, (s)he is expected to obey camp counselors just as (s)he does teacher and parents? \_\_\_\_\_ Does (s)he understand? \_\_\_\_\_  
Have you been called to school because of your child's behavior this school year? \_\_\_\_\_  
How many times? \_\_\_\_\_ For what reasons? \_\_\_\_\_  
Does your child respond well and observe "time outs" when given by adults? \_\_\_\_\_  
Have you discussed the camp's rules with your child? \_\_\_\_\_ Does (s)he understand? \_\_\_\_\_  
Have you discussed the camp's Behavior Contract with your child? \_\_\_\_\_  
Does your child understand the consequences of non-compliance with the contract? \_\_\_\_\_  
If your child is unable to comply with the stated expected behaviors are you prepared to pick him/her up from camp? \_\_\_\_\_

**PART C**

**CONFIDENTIAL MEDICAL INFORMATION**

Year your child was diagnosed with Tourette Syndrome: \_\_\_\_\_  
Primary Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Tourette Treating Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Is/Does your child have any of the following?  
Attention Deficit Disorder? \_\_\_\_\_ With hyperactivity? \_\_\_\_\_  
Obsessive-Compulsive symptoms? \_\_\_\_\_ Bipolar Disorder? \_\_\_\_\_ Aspergers? \_\_\_\_\_  
List all other medical/mental health diagnoses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

\_List any and all allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergy treatments: \_\_\_\_\_

Other Health problems/injuries: \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

**LIST ALL TOURETTE'S MEDICATIONS:**

**REASON PRESCRIBED:**

CHILD'S NAME \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**LIST ALL OTHER MEDICATIONS:**

**REASON PRESCRIBED:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Side Effects/Responses? Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other concerns not addressed previously: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_