



## Day Program / Summer Camp

### Personal Information fact sheet

(All personal information is confidential and will be treated appropriately)

Participant's Full Name: \_\_\_\_\_

Participant's nickname (the name they prefer to be called by): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M F Health Card Number: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Family Doctor's Phone Number: \_\_\_\_\_

Parent /Caregiver: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Diagnosis Information:

---

---

---

Does the Participant Have Any Previous or Current Aggressive, Outbursts, or Running-Away Behaviors:

---

---

---

Behavioral Triggers and Calming Strategies:

---

---

**Medications & Medical Needs:**

---

---

---

**Allergies:**

---

---

---

---

**Special Dietary Needs:**

---

---

---

**Interests and Hobbies:**

---

---

---

---

**AAS Worker:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_