

4-H Camp Whitewood

Special Accommodations Information Form

Your **voluntary** submission of this form to 4-H Camp Whitewood before your camper arrives will give our staff the opportunity to ask further questions in advance to determine if and how our staff, program and facility are able to meet the needs of your camper. The information you provide on this form will only be shared with 4-H Camp Whitewood staff who must review the information to keep your camper safe and healthy (i.e. Camp Nurse, Camp Director, your camper's Cabin Counselor).

Please tell us about the accommodations that would help make your camper's experience at 4-H Camp Whitewood as enjoyable as possible (check all that apply, write in additional information; you may use the back of the page).

My camper would need to take medications at camp. Please describe whether they require refrigeration or special storage: _____

My camper has dietary restrictions. Please describe the restrictions: _____

My camper has allergies. Please describe the allergens that affect your camper, reactions seen, diagnoses, etc.: _____

My camper has limited mobility (regular use of wheelchair, crutches, cane, etc.). Please describe: _____

My camper has ADHD or a related attention deficit, a visual, hearing, cognitive processing, reading, or speech impairment. Please describe any needs you anticipate at camp and the accommodations your camper typically receives at school and home: _____

My camper requires the use of medical equipment that needs electricity. Please describe: _____

My camper requires other accommodations not listed above. Please describe: _____

My camper does not require any special accommodations (none of the above applies to my camper).

What is the best way for our staff to reach you regarding the information you have provided above?

Name: _____ **Preferred Contact:** _____