

SPECIAL NEEDS ACCOMODATION FORM

Please email to the Camping Department at sandra.owens@scouting.org. This form is separate from the Health Forms and should be sent in at least 2 weeks prior to your Scout's arrival to camp. As part of our effort to make scouting a great experience for all of its participants, we would like you to help us understand how we can adapt our procedures for any scout of leader who may have a special need during his or her time at camp. This information will help us make appropriate accommodations across our program. Please complete to the best of your ability:

Scout's Information:

Last: _____ First: _____ Age: _____ Week #: _____
Unit #: _____ Unit Town: _____ Camp: _____
Scout's preferred Nickname: _____ Cell Phone: _____
Troop Leader #1: _____ Cell Phone: _____
Troop Leader #2: _____ Cell Phone: _____
Designated Scout Buddy: _____ Cell Phone: _____

Learning and Physical Challenges (check all that apply):

Autism Spectrum		Speech Impairments		Cerebral Palsy	
ADHD/ADD		Hearing Impairments		Down Syndrome	
Learning Disabilities		Visual Impairments		Muscular Dystrophy	

Other conditions, disorders, or injuries: _____

Have you reviewed the medical form to ensure it includes the items described above? Y N

Troop Preparations:

What accommodations have you or your troop made to have this scout attend camp: _____

Identification of and Communication with the Scout:

Atypical behaviors or characteristics that may attract attention: _____

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Atypical behaviors or characteristics that may attract attention: _____

Known behavioral or other trigger points: _____

Favorite attractions or locations where the individual may be found: _____

Favorite object, music, discussion topics, likes or dislikes: _____

Method of preferred communication: (preferred words, sounds, songs, phrases, or sign language, written words, etc.): _____

Other Notes: _____

In case of Emergency, How can we identify the individual?

Height	Weight	Eye Color	Hair Color
Any other Identifying marks: _____			
Name of Emergency Contact:		Cell Phone: _____	
Emergency Contact's Address:		Home Phone: _____	

