

SPECIAL NEEDS ACCOMODATION FORM

Please email to ghv.camping@scouting.org at least 2 weeks prior to your Scout's arrival to Camp.

Do NOT submit with Medical Forms.

We would like you to help us understand how we can adapt our procedures for any scout or 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: _____	