

Be Proud  
Be Strong  
Discover  
Shine

**MUSCULAR  
DYSTROPHY**  
**NSW** BUILDING STRENGTH  
REACHING POTENTIAL

# Summer Camp 2022

Sydney Academy of Sport, Narrabeen



**Mon 24 - Thurs 27 January, 2022**

Join us for another  
fun-filled and  
adventurous camp  
in 2022!

# Summer Camp 2022

## Camper Application Form

ATTACH  
PHOTO HERE

*Photocopies accepted*

This form is intended to provide the Camp Manager with enough information to maximise the camper's participation, enjoyment and safety at camp. Please answer ALL questions.

**Email your form to:**  
jenny.smith@mdnsw.org.au  
**or post to:**  
MDNSW  
80 Betty Cuthbert Drive,  
Lidcombe NSW 2141

### PART 1. CAMPER DETAILS

Full name of camper: .....

Age of camper: ..... Date of birth: ..... Gender: .....

Address of Camper: .....

..... Postcode: ..... State: .....

Home Ph: ..... Mobile: ..... Work Ph: .....

Approximate weight of camper (for OH&S and equipment purposes): .....

Please tick the camper's shirt size

6  8  10  12  14  16

XS  S  M  L  XL  2XL

Does the camper identify as being Aboriginal/Torres Strait Islander?  Yes  No

Type of neuromuscular condition: .....

Does the camper have a secondary disability? .....

Email of parent or guardian: .....

How did you find out about the camp? .....

Application submitted by: .....

What is your relationship to the camper? .....

If your address is different to the camper's above, please complete the following:

Your address: .....

Home Ph: ..... Mobile: .....

Email: .....

Which address should we send all camp correspondence to?  
.....

What is the camper's COVID-19 vaccination status?

- Not yet eligible - under 12 years  
 1 dose - please provide proof of vaccination  
 2 doses/fully vaccinated - please provide proof of vaccination  
 Medical exemption - please provide evidence  
 Chose not to be vaccinated

If you need assistance in accessing the COVID-19 vaccination, please contact us

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## LANGUAGE AND CULTURAL CONSIDERATIONS

Main language spoken at home? .....

Interpreter required?  Yes  No If yes, which language? .....

Which family member/s require an interpreter? .....

Are there any cultural considerations that we need to be aware of?  Yes  No If yes, please provide details: .....

## PART 2. GOALS

What goals are you/the camper hoping to achieve by attending camp?

- Connect with others who have a neuromuscular condition
- Meet new friends
- Try wheelchair sports
- Give family/carers a break
- Stay away from home for the first time
- To take more control of my day by making my own decisions
- Catch up with friends
- Learn to work with carers outside my family
- Try activities they can participate in themselves
- Challenge themselves by trying new things

## PART 3. GENERAL CAMPER INFORMATION & PREFERENCES

If the camper has been on camp before, is there anyone they'd like to share a room with?

Name: .....

*Please note that we will do our best to help make this happen, but we are not able to guarantee it due to a variety of organisational considerations.*

Tell us a bit about the camper - are they funny, confident, shy for example?

.....  
.....

What activities do they enjoy when at home?

.....  
.....

What activities do they enjoy when out in the community?

.....  
.....

Do they have any ideas for activities? Is there anything we have done in the past they would really love to happen again?

.....  
.....

Activities may include an option for swimming. Please advise the camper's swimming ability:

- Strong swimmer
- Medium swimmer
- Poor swimmer
- Does not like the water
- Cannot swim but likes to get into the water
- Is totally reliant on a Carer

## MOVIES

During down times, there may be some opportunities to watch some movies. Due to the age range on camp and individual parental preferences, it is important to gain permission from parents for their children under 18 to watch movies of various ratings. Any programmed movie nights will be supervised by staff, and all chosen movies will be audience appropriate.

Please tick which types of movies you give permission for the camper to watch

- Rated G
- Rated PG
- Rated M

*Note: Campers, parents or carers will **not** be permitted to bring any MA or R rated movies to camp*

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How are they feeling about attending the MDNSW camp?

.....  
.....  
.....  
.....

Are there any recent or ongoing situations at home that may have some impact on the camper during their time away at camp?

.....  
.....  
.....  
.....

## COMPANION CARD

Companion Cards save Muscular Dystrophy NSW an enormous amount of money in our camp program and we ask that all campers obtain a Companion Card if eligible to receive one.

Does the camper have a Companion Card?  Yes (If Yes, please attach a copy)  No

If No, would you like us to send you information on how to apply for a Companion Card?  Yes  No

## PART 4. THE NDIS

Funding for camp needs to be in the camper's NDIS plan under Daily Activities in CORE supports

Do you need a quote?  Yes, please send me a camp quote  No, I already have a quote thanks

NDIS Plan Number: ..... NDIS Plan Dates: .....

Is your plan?  NDIS Managed  Plan Managed  Self Managed

Please contact [jenny.smith@mdnsw.org.au](mailto:jenny.smith@mdnsw.org.au) or **0431 690 629** if you need assistance with a quote or are not sure if you have the right funding in your plan.

## PART 5. EQUIPMENT

Please ensure you provide us with ACCURATE information about the camper's equipment requirements, to enable us to maximise the safety and comfort of both campers and staff during the camp. If the camper requires a modified or paediatric shower commode, please bring this with you to camp as we can only hire standard equipment.

What equipment will you bring to camp? *Where possible, please bring your own Sling, Hoist and Commode.*

- Manual wheelchair
- Alternating mattress
- Hoist
- Sling - Size: .....
- Power wheelchair
- Latex mattress
- Bed pan/bottle
- Type: .....
- Shower chair/commode
- Mattress cover
- Cough assist machine
- Splints
- BiPAP/CPAP
- Turning sheet
- Other (please specify) .....

**Please note:** Turning Sheets cannot be hired through our hire company, so please ensure you pack one if normally used at home. It is also a good idea to bring their own sling to ensure the right size and type. Please label the sling with the camper's name.

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Muscular Dystrophy NSW will not be responsible for any repairs or maintenance to any equipment provided by campers. Please ensure all equipment is fully functioning and maintained prior to to camp.

**What equipment will need to be provided for the camper on camp?** Hire cost is covered by MDNSW

- Adult sized Shower Commode     Hoist     Sling - Size: .....  
 Hospital Bed     Latex Mattress     Alternating Mattress  
 Other (please specify) .....

## PART 6. SPECIAL CONSIDERATIONS

SENSE	INDICATOR	YES	NO	If YES, please provide details or management plan if appropriate
<b>Sight</b>	Vision impairment	<input type="checkbox"/>	<input type="checkbox"/>	
	Wears glasses	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Hearing</b>	Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	
	Wears hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Communication</b>	Fully verbal	<input type="checkbox"/>	<input type="checkbox"/>	
	Communication difficulty	<input type="checkbox"/>	<input type="checkbox"/>	
	Uses alternative communication aids	<input type="checkbox"/>	<input type="checkbox"/>	
	Limited verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Touch</b>	Sensitive to touch	<input type="checkbox"/>	<input type="checkbox"/>	
	Fragile skin	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Movement</b>	Certain movements can cause pain	<input type="checkbox"/>	<input type="checkbox"/>	
	Recent surgery	<input type="checkbox"/>	<input type="checkbox"/>	
	Head positioning to protect airway	<input type="checkbox"/>	<input type="checkbox"/>	
	Contractures	<input type="checkbox"/>	<input type="checkbox"/>	
	Spinal curvature	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Hoisting</b>	Recently commenced hoist transfers	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Behaviour</b>	Behaviours of concern	<input type="checkbox"/>	<input type="checkbox"/>	

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## PART 7. NUTRITION & SWALLOWING

We need you to complete and return the attached **Nutrition and Swallowing Checklist** for the camper. This will be discussed further in a pre-camp interview we will organise with you.

*Please do not hesitate to contact Mitch, Jenny or Chris at the office during business hours if you have any queries about completing this form.*

## PART 8. DAILY ROUTINES

### • TOILETING

Are there any goals the camper is working towards in their toileting routine?

.....  
.....

Is it likely the camper will have anxiety which may impact them on their normal routine with new carers providing personal care?

Yes  No

Details: .....  
.....

### • CONTINENCE CARE

Does the camper initiate going to the toilet?  Yes  No

Do they need reminding to go to the toilet?  Yes  No If yes, how often? .....

What support do they need with going to the toilet? *eg. holding the bottle, using a slipper pan, wiping bottom, adjusting clothing, etc*

Details: .....  
.....

### Type of equipment used

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Commode      | <input type="checkbox"/> Toilet Rails              | <input type="checkbox"/> Bottle                    |
| <input type="checkbox"/> Slipper Pan  | <input type="checkbox"/> Waterproof Mattress Cover | <input type="checkbox"/> Incontinence Pads/Nappies |
| <input type="checkbox"/> Other: ..... |  |  |

If the camper uses incontinence aids, please provide details *eg. wears all day, only at night, needs changing during the day - number of times, initiates when they need to be changed*

Details: .....  
.....

### • BOWEL CARE

Does the camper initiate sitting on the toilet?  Yes  No

Do they need reminding to go to the toilet?  Yes  No

What time of day do they usually open their bowels? .....

How often do they normally open their bowels? *eg. daily, alternate days* .....

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How long do they usually sit on the toilet for their bowel routine? .....

Does the camper require any other supports for bowel care? *eg. constipation issues*

What support does the camper need with their toileting routine? *eg. assistance with bottom wiping, adjusting clothing etc*

Any other relevant information?

• **MENSTRUATION MANAGEMENT**  Not Applicable

What support does the camper need with managing menstruation?

• **SLEEPING AND BED ROUTINE**

What type of bed and/or mattress does the camper use at home?

Will they require something similar at camp?  Yes  No

Will they be bringing the mattress to camp or will you need us to hire one?  Bring own  Hire

What time do they normally go to bed? .....

How many hours do they usually sleep each night? .....

If they have less than their normal hours of sleep, will it impact them?  Yes  No

If yes, how? .....

Do they require turning at night?  Yes  No If yes, how many times? .....

Is there any other information about the camper's bed-time routine that would be helpful to know?

• **BEDWETTING**

Does the camper wet the bed?  Yes  No

If yes, what supports are required? *Please provide a waterproof mattress cover and pull-ups*

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• **SHOWERING & PERSONAL CARE**

Are there any goals the camper is working towards in their personal care routine?  Yes  No

Details: .....  
.....  
.....

What time does the camper usually shower? ..... Will it impact the camper if this routine is altered?  Yes  No

Will they be able to instruct the carers on their personal care routines?  Yes  No

Type of equipment used:  Shower Commode  Grab Rails  Shower Chair/Stool

Are there areas of the camper's personal care routines they can manage themselves?  Yes  No

Details: .....  
.....  
.....  
.....

Please give a brief description of other routines such as teeth cleaning, hair brushing, washing hair and the level of support required:

.....  
.....  
.....  
.....

• **MOBILITY**

Does the camper use a mobility aid?

Power Chair  Manual Chair  Scooter

Other: .....

Is the mobility aid used full-time or part-time?  Full time  Part time

Details: .....  
.....

Can the camper walk independently or with assistance?  Yes  No

Details: .....  
.....

Are they prone to falling?  Yes  No If yes, how is the risk of falling managed?

Details: .....  
.....



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• **MANUAL HANDLING**

Can the camper transfer in and out of their chair?  Yes  No

Please provide details of assistance required and equipment used? *eg. independent, encouragement, slide board, minimal physical assistance*

.....  
.....

Do they require a hoist for all transfers?  Yes  No

## PART 9. HEALTH CONCERNS

For some health concerns, we will need to request more detailed information and we will send a management plan to be signed off by the parent/guardian and the medical practitioner. If they already have a current Management Plan in place, please provide a copy of the plan.

We will ask the clinic team to review the health care information provided to ensure we provide the best possible care for the camper whilst at camp.

• **ALLERGIES**

Does the camper have allergies?  Yes  No

If yes, please provide details on the cause and how to manage:

.....  
.....  
.....

• **ANAPHYLAXIS**

Does the camper have anaphylaxis?  Yes  No If yes, we will need a copy of their Anaphylaxis Plan.

Please provide details on the cause of the anaphylaxis reaction:

.....  
.....  
.....

• **ASTHMA**

Does the camper have asthma?  Yes  No

If yes, please provide details on what can cause an attack:

.....  
.....  
.....

• **DIABETES**

Does the camper have diabetes?  Yes  No If yes, what type? .....

If they require injections to manage their diabetes, please ensure you complete My Medication section including My Current Medication List.

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• **ENTERAL FEEDING**

Does the camper require enteral feeding? *eg. P.E.G. feeding*  Yes  No If yes, please provide details:

.....  
.....  
.....

• **EPILEPSY**

Does the camper have epilepsy?  Yes  No If yes, what type? .....

Please provide details:

.....  
.....  
.....

• **INJECTIONS**

Will the camper require injections during the camp?  Yes  No If yes, reason for injections?

.....  
.....  
.....

• **SPLINTS**

Does the camper wear splints?  Yes  No If yes, please provide details:

.....  
.....  
.....

• **VENTRICULAR SHUNT**

Does the camper have a ventricular shunt?  Yes  No If yes, please provide details:

.....  
.....  
.....

• **WOUND MANAGEMENT**

Does the camper have any wounds from recent surgery or pressure sores that will require dressing during camp?

Yes  No If yes, please provide details:

.....  
.....  
.....



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## PART 10. MENTAL HEALTH & BEHAVIOURAL ISSUES

Does the camper need any behavioural support?  Yes  No

If yes, please provide details and provide a copy of a current Behaviour Management Plan:

.....  
.....  
.....  
.....

Does the camper have any learning difficulties? *eg. issues understanding and following directions*

Yes  No If yes, please provide details:

.....  
.....  
.....  
.....

Does the camper have any mental health concerns?  Yes  No If yes, please provide details:

.....  
.....  
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.....  
.....

Are there any situations that could trigger an episode or situations that should be avoided?

.....  
.....  
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.....



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## PART 12. HOSPITAL EMERGENCY PLAN

Although we hope it will never be required, we need to have a Hospital Emergency Plan in place so that MDNSW staff and Paramedics know exactly how to coordinate the care of the camper's care should an emergency occur.

**Is there anyone who is NOT permitted to have access to the camper, or be contacted by us, in the event of an emergency?**

Yes  No If yes, please list that person's name and relationship to the camper

Name: .....Relationship: .....

**Please list TWO emergency contacts both of whom must have mobile numbers who will be contactable during the camp**

Name: .....Relationship: .....

Mobile: ..... Home Ph: ..... Work Ph: .....

Name: .....Relationship: .....

Mobile: ..... Home Ph: ..... Work Ph: .....

**Which Neuromuscular Clinic does the camper attend?**

Name of Clinic: .....Phone: .....

Name of treating Doctor/Neurologist at the Clinic: .....

**Medicare/Health Insurance details**

Medicare Number: ..... Position on card: .....

Private Health Insurance Provider (If applicable): ..... Insurance Policy Number: .....

**Name of your Local GP:** ..... GP Phone: .....

GP Address: .....

**When was the camper last admitted to hospital, which hospital and for what reason?**

.....  
.....

**Are there any specific directives MDNSW staff should tell the Paramedics about the camper on arrival?**

eg. Does the camper react adversely to any medication/drugs/anaesthetic? Has morphine ever caused any reaction? Any complications Paramedics need to be aware of considering that most will not be familiar with specific neuromuscular conditions?

.....  
.....

**Is there any other important information about the camper's medical care?**

.....  
.....  
.....

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## PART 13. TRANSPORT

### SYDNEY METRO

Please indicate how the camper will be getting to and from camp

- Someone will be driving the camper to and from camp

Name of driver: ..... Relationship to camper: .....

### REGIONAL AREAS

Please indicate how the camper will be getting to and from camp

- Someone will be driving the camper to and from camp

Name of driver: ..... Relationship to camper: .....

- The camper will be flying into/out of Sydney for camp

Please provide details: .....

.....

.....

- Other: .....

.....

.....

## CAMP REGISTRATION

### CAMP REGISTRATION FEE

- \$120 for one camper
- \$180 for two or more campers in the same family

*The camp registration fee is separate from the camp funding amount that comes from the camper's NDIS plan. The registration fee, once paid, confirms the camper's place at camp.*

### PAYMENT METHODS

- By phone with credit card details

Staff name: ..... Date paid: .....

- By Online Banking

St George

**BSB:** 332 002    **Account:** 551 800 725    **A/C name:** Muscular Dystrophy Association of NSW

**Please label payment as:** 'Camp [insert last name]'

Date paid: .....

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## CONSENT

### MDNSW needs your consent to:

- collect and use your child’s information to provide supports to your child;
- speak with, collect information or share information with NDIS to process payments for your supports;
- we may speak with other providers, your GP or health practitioners to collect information to make sure we provide you with safe services

### HEALTH INFORMATION & PERSONAL CARE SUPPORT

The health care information provided in this application is correct to the best of my knowledge. I give consent for my child to receive personal care support whilst participating in the camp.

- I agree                       I disagree

Comments: .....

.....

.....

### EMERGENCY PLAN

In the event of illness, injury, or in an emergency, I authorise MDNSW camp staff to administer any first aid treatment necessary, and emergency services will be contacted where appropriate. I understand that the support staff will contact the emergency contacts as soon as possible. I agree to pay the cost of any emergency medical attention received.

- I agree                       I disagree

Comments: .....

.....

.....

### USE OF PHOTOS, VIDEOS & AUDIO

I agree that my child may be featured in photos, videos and/or audio whilst participating in the camp. I understand that such photos, videos and audio may be used for publicity purposes &/or posted on the MDNSW social media channels. MDNSW will notify you of the details of any planned use of images or audio..

- I agree                       I disagree

Comments: .....

.....

.....

### INFORMATION EXCHANGE

I give permission for MDNSW to share the provided information with MDNSW support staff. I understand relevant information will also be stored securely at the MDNSW office.

- I agree                       I disagree

Comments: .....

.....

.....

### PRIVACY STATEMENT

MDNSW only collects information about your child that is required to provide safe and suitable supports. Information collected is stored securely and only shared with relevant Client Services staff and camp carers who are providing supports to your child, and Clinic staff to ensure the health and safety of your child.

Name of participant: .....

Name of Parent/Guardian: .....

Signature of Parent/Guardian: .....

Date: .....

### Have you attached:

- A photo of the camper?
- A cheque, money order, or the specified credit card details?
- A copy of your Companion Card?
- Completed Nutrition & Swallowing Checklist?
- COVID-19 vaccination certificate?

### Don't miss out! Return this form ASAP

If you have any questions about completing this form, please contact Mitch, Jenny or Chris in Client Services on **02 9888 5711 ext. 2** or email **mitch.taylor@mdnsw.org.au**

Please email your **completed** form to:  
**jenny.smith@mdnsw.org.au**