Transportation Assessment

 Camper Name: Age: Weight:

Home Address: City: Zip:

Home Phone:

Parent Name: Work Phone:

Cell phone #1: Phone #2:

Address of pick-up location before camp and drop-off location after camp when using SSSRA door to door transportation. (Must be in member district).

Address: City: Contact/Phone:

For unusual circumstances, if you are not home at the time of the drop-off, what alternative location can SSSRA transport your camper? Alternate drop off location must be within 2 miles from the original location and can only be used during emergency situations.

Name: Address:

City: Zip: Phone Number:

Relationship to camper/participant:

If the camper is 14 years of age or older, do you give permission to allow the camper to let

themselves into the home without an adult present? Yes: No:

Please list additional emergency contacts with phone numbers if not listed above:

Name: Phone Number:

“State law does not require the use of car seats in SSSRA buses, as they weigh more than 9,000 pounds. However, as a best practice, the association uses car seats whenever possible, for children under the age of 8.” If your child is being transported by the contracted school bus company, a car seat will not be provided.

Does the camper use a harness while being transported? Yes: \_\_\_\_\_ No: \_

Does the camper use a wheelchair while being transported? Yes: No:\_

Camper behavior while transporting in vehicle:

**It is extremely important that any behavior your child exhibits is identified below to assist staff with potential safety concerns.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gets Out of Seatbelt:  |  | Hits:  |  | Screams:  |  |
| Moves Around Vehicle:  |  | Kicks:  |  | Argues:  |  |
| Property Destruction:  |  | Bites:  |  | Scratches:  |  |
| Self-Injurious: |  | Spits: |  | Open Doors: |  |
| Throws Objects: |  | Pinches:  |  | Removes Clothing:  |  |
| Other:  |  |  |  |  |  |

What techniques support the participant and assist to eliminate the behavior?

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