

CAMPER INFORMATION ALL SPACES MUST BE FILLED IN FOR THIS FORM TO BE ACCEPTED!

The care of your camper depends on accurate information. Please consider how your camper will function in an unfamiliar environment when answering the following questions. Provide as much detail as possible.

Primary Diagnosis: _____

Secondary Diagnosis (if applicable): _____

Seizure Diagnosis (if applicable): YES NO **Note: Medical facilities are 1+ hour away**

If yes, seizure type(s): _____ Date of last seizure: _____

Frequency: _____ What precipitates the seizure: _____

Special instructions for care during seizure: _____

Mental Ability: High Functioning Mild Moderate Severe Profound

Note: Camp Hope does not have programs that meet the needs of Severe Profound

List all the other medical/adaptive equipment the camper will be bringing to camp.

Your camper must bring all the necessary equipment for their daily needs.

This includes any depends and personal hygiene items.

Mobility (please bring all necessary equipment)

Age: _____ Height: _____ Weight: _____

Walks Alone Needs Assistance Can Not Walk

Wheelchair Manual Electric

Uses Walker Braces Crutches Gait Belt

Transfers Independent Slide Board Some Assistance Total Assistance

Explain additional mobility needs: _____

Care Needs - NOTE: The camper must bring all equipment and supplies for daily needs.

Be as detailed as possible. Care needs alone will not prevent anyone from being accepted.

Meals Independent Some assistance Foods chopped/pureed

Total assistance Tube Fed

Explain: _____

Dietary Needs Limit Liquids Food Allergies Special Foods (must be provided by camper)

Explain: _____

Dressing Independent Some assistance Total assistance Adaptive equipment

Explain: _____

Continued on following page

CAMPER INFORMATION CONTINUED FROM PAGE 1

Toileting Independent Some assistance Total assistance Occasional accident
 Catheter Nighttime diapering Total incontinence (must bring own depends)

Explain: _____

Showering Independent Some assistance Total assistance
 Needs to sit during shower Adaptive equipment needed (must bring own supplies)

Explain: _____

Communication Verbal Non-verbal Hearing impaired Uses sign language
 Uses hearing aids Uses communication board (please bring to camp)

Explain: _____

Socialization (Please explain all other answers below)

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Physically aggressive | <input type="checkbox"/> Self-abusive | <input type="checkbox"/> Verbally abusive | <input type="checkbox"/> Takes things |
| <input type="checkbox"/> Bites | <input type="checkbox"/> Pulls hair | <input type="checkbox"/> Curses | <input type="checkbox"/> Sexual behaviors |
| <input type="checkbox"/> Hits | <input type="checkbox"/> Slaps & hits | <input type="checkbox"/> Threatens | |
| <input type="checkbox"/> Kicks | <input type="checkbox"/> Bites | <input type="checkbox"/> Screams | |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Scratches | <input type="checkbox"/> Other* | |
| <input type="checkbox"/> Other* | <input type="checkbox"/> Bangs head | | |
| | <input type="checkbox"/> Other* | | |

Other* Please explain: _____

Sleep No problems Sleepwalks occasionally Sleepwalks often
 Restless or noisy Rolls off bed Snores Adaptive Equipment

Explain: _____

Participation

Group activities Compliant Withdrawn Agitated Non-participatory
Assistance Needed Independent Min. assistance Some assistance Total assistance
Supervision Needed None Minimal Moderate Maximum
Wanders Away Yes No Has ever been sent home from camp? Yes No

Explain: _____

Please provide any additional information you think we should know in order to care for this camper.
Please include was of handling inappropriate behavior. Attach additional pages if needed.

