



Camp LuWiSoMo Joyful Hearts Camper Information

Camper _____
 Last Name First Name Middle Name Week(s) Attending

Information Provided By _____
 Name Relationship Phone

1. Faith

Is camper able to grasp simple religious concepts? Yes No
 Attends Church Never Sometimes Regularly | Attends Bible Class Never Sometimes Regularly

2. Living Situation

Camper lives In the family home In a group living facility
 If living in the family home, does camper have siblings? Yes No
 If yes, how many? _____ Ages: _____

3. Camping Experience

Has camper been away from home overnight before? Yes No
 Does camper have previous camp experience? Yes No If yes, when and where? _____

4. Disability Details

What are camper's disabilities and degrees of challenge? (Describe fully)

5. Communication

Camper able to communicate using speech Good Fair Poorly
 Camper uses sign language Yes No
 Camper uses adaptive communication skills or devices Yes No If yes, list _____

6. Assistance Needs

A.D.L. Skill	Fully Independent	Needs Verbal Prompts	Needs Physical Assistance	Needs Dependent	Details of Prompts or Assistance Needed if Not Fully Independent
					<i>(Attach detail page if more space needed)</i>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washing Hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hair Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brushing Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. Enuresis

Is camper troubled with enuresis (bed wetting)? Yes No | Requires briefs Yes No

8. Bathroom Communication

What words, signs, or motions does the camper use for bathroom? _____

9. Bowel Movements

Is camper easily constipated? Yes No If yes, what do you recommend _____
Frequency of bowel movement _____

10. Activities / Swimming

Does the camper swim? Yes No | Is the camper afraid of the water? Yes No
List any physical restrictions for the camper regarding camp activities

11. Diet

Food/drink camper is unable/unwilling to eat/drink _____

12. Sleep

What time does the camper rise? _____ Retire? _____ Sleep Habits? _____
Night light required? Yes No Can camper handle a top bunk? Yes No

13. Health

Has camper ever tested positive for Hepatitis? Yes No If yes, when? _____
Is camper a Hepatitis carrier? Yes No
How is medication taken?
 In applesauce Crushed On a spoon Placed in hand Placed in cup One at a time All at once
Does camper ever refuse to swallow medication? Yes No

14. Seizures

Does camper ever have seizures? Yes No If Yes, date of most recent seizure _____
List any signs or symptoms that show a seizure is coming on _____
Describe seizure _____

15. Assisting Devices

Hearing aid Yes No Setting _____ Frequency of Battery Change _____
Glasses Yes No Splints Yes No Dentures/Partials Yes No
Vagal Nerve Stimulator Yes No
Other Devices _____

16. Group Participation

Is camper able to interact appropriately in a group setting? Yes No
Is camper able to participate in an activity for a minimum of 5 minutes with little re-direction? Yes No
Comments _____

17. Does camper have any particular fears? _____

18. Explain any behavior problems and the best form of redirection

19. Please write a brief paragraph about the camper. Include family, hobbies, recreation, likes/dislikes, personality, or anything else that will enable the staff to better know the camper before camp begins.

