



# Camp LuWiSoMo

## Joyful Hearts Camper Information

Camper \_\_\_\_\_  
 Last Name First Name Middle Name Week(s) Attending

Address \_\_\_\_\_  
 Street City State Zip Code

Information Provided By \_\_\_\_\_  
 Name Relationship Phone

**1. Faith**

Is camper able to grasp simple religious concepts?  Yes  No  
 Attends Church  Never  Sometimes  Regularly  
 Attends Sunday School  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**

Check all appropriate and describe any marked as "Needs Assistance"

A.D.L. Skill	Needs			Describe If Marked "Needs Assistance"
	Independent	Assistance	Dependent	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Washing Hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hair Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brushing Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**7. Enuresis**

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

**8. Bowel Movements**

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

**9. Communication**

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

**10. 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 \_\_\_\_\_

**11. Activities**

Does the camper swim?  Yes  No  
Is the camper afraid of the water?  Yes  No  
List any physical restrictions that need to be placed on the camper regarding the camping program  
\_\_\_\_\_

**12. General Information**

Food/drinks camper is unable/unwilling to eat/drink \_\_\_\_\_  
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. 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 \_\_\_\_\_

**15. Activities**

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 \_\_\_\_\_

**16. Does camper have any particular fears?** \_\_\_\_\_

**17. Explain any behavior problems and the best form of discipline if camper misbehaves**

\_\_\_\_\_  
\_\_\_\_\_

**18. 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_