



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 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

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.

