



CAMPER INFORMATION FORM

Parents, please fill this out completely and return to camp!

Camper Name: _____

Session Attending: _____

SKILLS FOR DAILY LIVING: (The following information allows us to plan appropriate activities that will help ensure a positive camp experience. Please be specific in your answers; use additional paper if necessary.)

Behavior & Peer Relations:

Relates to others: () well () poorly

Explain: _____

Agitated in large groups or by large amounts of noise: () Never () Seldom () Often

Explain: _____

Physically self-abusive: () NO () YES

Explain: _____

To others: () NO () YES

Explain: _____

What might prompt inappropriate behaviors? _____

State a positive way to motivate camper: _____

Please note any fears or frustrations that may lead to behavior problems: _____

Grooming: (5 is total self-sufficient and 1 is total reliance)

Circle one:	Self-sufficient		Some assistance required		Complete reliance on staff
Eating	5	4	3	2	1
Showering	5	4	3	2	1
Dressing	5	4	3	2	1
Toileting	5	4	3	2	1

Sleeping Patterns:

() Normal () Restless () Hard to wake () Talks in sleep () Wanders/sleepwalks

Explain: _____

What helps your camper get to sleep? _____

Describe any vision limitations: _____

Describe any hearing limitations: _____

Does the camper have any food or drug allergies? () YES () NO

If yes, please list: _____

Reaction: _____

Does the camper have a history of diabetes? () YES () NO

If yes, how is it controlled? _____

Does the camper have a history of seizures? () YES () NO

If yes, how is it controlled? _____

Describe behavior before, during, and after the seizure: _____

Any recent accidents, surgeries, or serious illnesses? () YES () NO

If yes, please explain: _____

Please check as appropriate.

Function	Unable	With Assistance	With Prompting	Independently
<i>Dress/Undress</i>				
<i>Buttons/Snaps</i>				
<i>Ties Shoes</i>				
<i>Brush Teeth</i>				
<i>Wash face and hands</i>				
<i>Comb/brush hair</i>				
<i>Shave</i>				
<i>Shower/bathe</i>				
<i>Wash hair</i>				
<i>Apply deodorant</i>				
<i>Toilet</i>				
<i>Attend to menstrual needs</i>				
<i>Engage in conversation</i>				
<i>Walk on uneven terrain</i>				

Does camper have a medical or educational diagnosis/ruling? (Autism, ADHD, etc.) _____

Please list some activities your child enjoys (does not have to be camp-related):

- 1)
- 2)
- 3)
- 4)
- 5)

Is the camper prone to homesickness? _____ Do you have any strategies or suggestions to help the camper adjust to being away from home? _____

The following activities are some that campers will participate in at camp. Please let us know any activities the camper is particularly excited about, or any fears or concerns he/she may have concerning a particular activity.

- | | | |
|--------------|---------------------|---|
| *Swimming | * Canoeing/Kayaking | * Total Group Games (e.g. Capture the Flag) |
| *Arts/Crafts | * Zipline | * Gardening |
| *Creek Play | * Cookout | * Talent Show |

What are two areas that you would like to see growth and learning from your camper during his/her week at camp?

- 1) _____

- 2) _____
