

# Camper Care Information



Please complete this form in its entirety, keeping in mind that this information is gathered to help prepare counselors and staff for the individualized needs of the group. Laurelville does not assume responsibility for specialized care or distributing medications.

NAME OF CAMPER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NATURE OF DISABILITY \_\_\_\_\_

SUMMARIZE/DESCRIBE THE CAMPER'S SPECIAL/MEDICAL NEEDS: \_\_\_\_\_

NAME(S) OF PRIMARY CAREGIVER(S) DURING THE RETREAT \_\_\_\_\_

DOES THE CAMPER REQUIRE MEDICATION?  No  Yes (If yes, please attach a list of medications. Although Laurelville staff will NOT administer medications, this sheet is important in the event of a medical emergency.)

DOES THE CAMPER EXPERIENCE SEIZURES?  No  Yes Type: \_\_\_\_\_

Duration: \_\_\_\_\_ Frequency: \_\_\_\_\_ Last seizure: \_\_\_\_\_

Give details on seizure triggers and special notes on how to handle them: \_\_\_\_\_

COMMUNICATION STYLE:  Verbal  Sign Language  Gesture  Language board  
 Other Notes \_\_\_\_\_

MOBILITY:  Unaided  Assisted  Wheelchair  Walker/braces  Other \_\_\_\_\_

Notes: \_\_\_\_\_

ALLERGIES: (medications, bee stings, etc.) \_\_\_\_\_

SPECIAL DIETARY REQUIREMENTS or FOOD ALLERGIES: \_\_\_\_\_

MEAL ASSISTANCE:  No assistance  Portion control  Fed  Food cut small/chopped  
 Pureed  G-tube feeding

LIST ANY SNACK ITEMS THAT SHOULD NOT BE ALLOWED: \_\_\_\_\_

LIST ANY SNACK ITEMS THAT ARE A FAVORITE: \_\_\_\_\_

DOES THE CAMPER KNOW HOW TO SWIM?     Yes    No    No, but enjoys time at the pool.

DOES THE CAMPER HAVE ANY SPECIAL FEARS?     No                     Yes (Please describe.)

WHAT WORKS BEST TO GAIN COOPERATION? \_\_\_\_\_

ARE THERE ANY SKILLS THAT THE CAMPER IS WORKING ON WHICH WE CAN CONTINUE TO WORK ON AT THE RETREAT? \_\_\_\_\_

DOES THE CAMPER HAVE ANY PARTICULAR INTERESTS OR HOBBIES? \_\_\_\_\_

DOES THE CAMPER HAVE A TALENT THEY MIGHT LIKE TO SHARE AT THE TALENT SHOW?

PLEASE LIST ANY ADDITIONAL INFORMATION THAT WOULD BE HELPFUL FOR OUR STAFF TO BE AWARE OF IN ORDER TO MAKE YOUR STAY WITH US MORE COMFORTABLE? \_\_\_\_\_

By signing this form, I certify that I have provided complete and accurate information to the best of my ability. I also agree that a caregiver will be accompanying this camper to provide supervision and all specialized care throughout Friendship Week at Laurelville Mennonite Church Center, August 6-9, 2017.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Relationship to camper

\_\_\_\_\_  
Today's date