

Pinester Insert

Please complete for Pinesters, Pinecones and Seedlings.

Campers must be high functioning, including: Ambulatory and Continent (bowel and bladder trained)

Due to the camp's mountainous terrain and many stairs, good walking skills are essential and may be a safety issue. Additionally, our staff members, while dedicated and loving to the campers, are not professional care providers and therefore cannot provide for campers with continence problems.

1. Can the camper hike up and down hills without physical assistance? Yes No

If no, please describe amount and type of assistance needed _____

2. Does the camper have any continence problems? Yes No

If yes, is the camper supplied with the proper provisions and can they care for themselves in this regard? _____

3. Does the camper wet the bed? Yes No If yes, how often? _____

4. Does the camper sleepwalk? Yes No

If yes, please indicate the frequency of this behavior, and briefly describe it _____

5. Can the camper use a top bunk? Yes No If No, why not? _____

6. Does the camper have any difficulties with speech? Yes No

If yes, please describe method of communication _____

7. Is the camper able to relate socially to others in an appropriate manner? Yes No

If no, please explain _____

8. Is the camper sexually stimulated by ordinary things or actions of which counselors should be aware?

(Touching women's hair, etc.) Yes No

If yes, please describe _____

9. Does the camper exhibit any of the following behaviors? Check Yes or No. If yes, please briefly describe and suggest ways the staff could deal with these behaviors in the most beneficial fashion.

Wandering	<input type="checkbox"/> No <input type="checkbox"/> Yes	Suggestions:
Resistiveness	<input type="checkbox"/> No <input type="checkbox"/> Yes	Suggestions:
Sexual aggression	<input type="checkbox"/> No <input type="checkbox"/> Yes	Suggestions:
Striking at others	<input type="checkbox"/> No <input type="checkbox"/> Yes	Suggestions:
Public masturbation	<input type="checkbox"/> No <input type="checkbox"/> Yes	Suggestions:
Hypochondria	<input type="checkbox"/> No <input type="checkbox"/> Yes	Suggestions:
Yelling	<input type="checkbox"/> No <input type="checkbox"/> Yes	Suggestions:
Public disrobing	<input type="checkbox"/> No <input type="checkbox"/> Yes	Suggestions:
Faking illness or injury	<input type="checkbox"/> No <input type="checkbox"/> Yes	Suggestions:
Stealing	<input type="checkbox"/> No <input type="checkbox"/> Yes	Suggestions:
Property destruction	<input type="checkbox"/> No <input type="checkbox"/> Yes	Suggestions:

10. Please indicate the camper's ability to complete the following skills. Check the answer that best describes the ability of the camper. It is extremely important to be candid about the camper's skill level. This is the only means we have available to best assure proper hygiene and safety for the camper. All information is kept confidential.

Dressing	<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Prompts	<input type="checkbox"/> Physical Assistance	<input type="checkbox"/> Resistive
Shaving	<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Prompts	<input type="checkbox"/> Physical Assistance	<input type="checkbox"/> Resistive
Brushing Teeth	<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Prompts	<input type="checkbox"/> Physical Assistance	<input type="checkbox"/> Resistive
Showering	<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Prompts	<input type="checkbox"/> Physical Assistance	<input type="checkbox"/> Resistive
Toileting	<input type="checkbox"/> Independent	<input type="checkbox"/> Verbal Prompts	<input type="checkbox"/> Physical Assistance	<input type="checkbox"/> Resistive

11. (For females) If the camper attends during a menstrual cycle, is she able to care for herself? Yes No
 If assistance is needed, please describe _____

12. Does the camper have any set routines, the disruption of which might disturb them? (Set shower time, etc.)

13. Please list any activities which may be especially difficult or unpleasant for the camper. (Swimming, etc.)

14. Please describe any specific habits or behaviors of the camper, of which counselors might want to be aware. (Repetitive motions, characteristic eating habits, set order for dressing, etc.) _____

15. Please describe any aspects of the camper's personality which would be beneficial for counselors to know. (Helpful, attention seeker, agreeable, timid in new situations, flirtatious, easily upset, etc.) _____

16. Please list any special skills or activities which your camper is good at or enjoys. (Reading, writing, singing, drawing, playing an instrument, etc.) _____

Note: Please complete and sign the Registration Form, Health Form, Medication Form, Dietary Form, Photographic Permission Form, and the Release Form. Please attach a signed Physician's Statement as well. Send these completed forms with your full payment or your \$100.00 non-refundable deposit to: Pilgrim Pines Camp & Conference Center, 39570 Glen Road, Yucaipa CA, 92399. Phone 1(800) 616-6612 or (909) 797-1821.

Pinester Dietary Form 2010

Many of our Pinester campers have special dietary needs. It can be difficult to provide for these needs if we do not know about them in advance. **This information will be provided to the Pinester staff and to the Kitchen staff.** Thank you!

Camper's Name _____ Dates attending camp _____

1. Camper's ability to chew: Excellent Good Poor **Food Must Be Pureed**
 Comments: _____

2. Camper's ability to cut food and handle silverware: Excellent Good Poor **Food Must Be Cut For Camper**
 Comments: _____

3. Does the camper have any dietary restrictions? (PKU, diabetic, allergies, limited coffee, etc.) Yes No

4. Please list all food allergies and the alternative foods to prepare, if applicable.

Food Allergic To	Alternative Food
_____	_____
_____	_____
_____	_____

5. Is your camper diabetic? Yes No
 Please give instructions on foods allowed and not allowed. Also give all other pertinent information.

6. Can your camper have:

cold drinks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
hot drinks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
coffee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
tea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
flavored tea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
fruit punch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
sugar/desserts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
chocolate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No
cheese	<input type="checkbox"/> Yes	<input type="checkbox"/> No
yogurt	<input type="checkbox"/> Yes	<input type="checkbox"/> No
popcorn	<input type="checkbox"/> Yes	<input type="checkbox"/> No
pizza	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Is your camper afraid of any foods or colors? Yes No

Additional Comments: _____