

2020 Campers with Special Needs Profile

Please complete for Pinesters, Pinecones, and Seedlings

_____		M	F
Camper's Name	_____	Age	Gender
_____		_____	
Camper's Mailing Address (address where all mail will be sent)		Week Attending	
_____		_____	
Camper's Physical Address (if different from mailing address)		Age Group	
Does the camper have a conservator? Yes No <i>If Yes, please complete the information in this box:</i>			
_____		_____	
Conservator's Name	Relationship	Business, Agency or Group Home Name, if applicable	

Conservator's Mailing Address			

Conservator's Physical Address			

Daytime Phone	Cell	Night-time Phone	Email

<i>If the camper does not have a conservator, please answer the following:</i>			
Is the camper qualified/able to sign legal forms on his/her behalf?	Yes	No	
Is the camper qualified/able to make medical decisions on his/her behalf?	Yes	No	
Is the camper qualified/able to make financial decisions on his/her behalf?	Yes	No	
Please explain any no answers: _____			

If NO, who should be called to assist the camper with legal, medical or financial decisions?			

Name		Relationship	

Daytime Phone	Cell	Night-time Phone	

Does the camper have a social worker or case worker?		Yes	No

Name	Agency	Daytime Phone	Emergency Phone

Does the camper know any other campers attending during their preferred week? Yes No			
If yes, please list their relationship (i.e. friends, family, church group): _____			
Does the camper have anyone they do/do not want to share a cabin with? Yes No			
If yes, please explain: _____			

2020 Campers with Special Needs Profile

Camper Name: _____ **Age Group:** _____ **Week Attending:** _____

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 campers, are not professional care providers and therefore cannot provide care for campers with continence problems. *Please keep in mind that our camp operates on a 5:1 camper to staff ratio.*

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, if the camper is supplied with the proper provisions, can they care for themselves in this regard? Yes No

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 socialize appropriately with others without direct supervision? Yes No

If no, please explain: _____

8. Is the camper sexually stimulated by ordinary things/actions of which counselors should be aware (i.e. touching women's hair, etc.)?

Yes No If yes, please explain: _____

9.	Wandering	No	Yes	Suggestions:
	Resistiveness	No	Yes	Suggestions:
	Sexual aggression	No	Yes	Suggestions:
	Striking at others	No	Yes	Suggestions:
	Public masturbation	No	Yes	Suggestions:
	Hypochondria	No	Yes	Suggestions:
	Yelling	No	Yes	Suggestions:
	Public disrobing	No	Yes	Suggestions:
	Faking illness or injury	No	Yes	Suggestions:
	Stealing	No	Yes	Suggestions:
	Property destruction	No	Yes	Suggestions:

10. Please indicate the camper's ability to complete the following skills. Circle the answer that best describes the ability of the camper. It is extremely important to be honest 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.

	<i>OK for camp</i>	<i>OK for camp</i>	<i>May be OK for camp</i>	<i>Not able to attend</i>
Dressing	Independent	Verbal Prompts	Physical Assistance	Resistive
Shaving	Independent	Verbal Prompts	Physical Assistance	Resistive
Brushing Teeth	Independent	Verbal Prompts	Physical Assistance	Resistive
Showering	Independent	Verbal Prompts	Physical Assistance	Resistive
Toileting	Independent	Verbal Prompts	Physical Assistance	Resistive

2020 Campers with Special Needs Profile

Camper Name: _____ **Age Group:** _____ **Week Attending:** _____

11. For females- If the camper attends during a menstrual cycle, is she able to care for herself either independently or with verbal prompts? Yes No If verbal prompts are 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.) _____

Many of our campers with special needs 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 program staff and to the kitchen staff.

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; please DO NOT LIST food preferences.

Food Allergic To (NOT dislikes)	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	Yes	No	hot drinks	Yes	No
	coffee	Yes	No	tea	Yes	No
	flavored tea	Yes	No	fruit punch	Yes	No
	sugar/desserts	Yes	No	chocolate	Yes	No
	milk	Yes	No	cheese	Yes	No
	yogurt	Yes	No	popcorn	Yes	No
	pizza	Yes	No			

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

Additional Comments, including food dislikes/preferences: _____