

Camper Profile/Screening

This form is very important to fill out completely and in detail. The more information we have about your child, the better we can create a positive and enjoyable experience for your child.

Name:		DOB/Age: yrs old//					
Diagnosis:			· · · · · · · · · · · · · · · · · · ·				
Med Name	Reason for Medication	Time(s) Taken	With or Without Foo				
	ons your child will be taking at car on, reason for medication, time to be tak						
How do they usually ta	lke their medications? Do they ta	ke them with ease? D	o they need to be				
Please list any allergies Medications							
F00d							
							
What is your child's be	ed time at home?						

How well does your child sleep the Please explain:					_
What helps your child fall asleep? Please explain:					_
What assistance or supervision do None/Independent Verbal Cues Other	Help with Reminder	snaps/zipper s	s/buttons	_ Help with wip	oing
Can your child direct their own s Please explain:					
Does your child wet the bed?	Yes				_
Does your child have accidents?	Yes	_ No	_ Occasional	ly	
What assistance or supervision do None/Independent Help opening shampoo Help with toothpaste Other	Extra time Help v 	required vashing hair_	Verbal cu Help c		
Does your child take a bath or sh	ower at hom	ne? Showe	rBath_		
What time of day does your child	take a show	er? Mornir	ng Eveni	ng	
What assistance or supervision do None/Independent Help tying shoes Other	Verbal cue Help with bu	esE ttons/snaps/	xtra time requi zippers		air
Would your child require physica Please explain:)
What assistance or supervision do None/Independent Other	Opening f	ood contain	ers Cu	tting up food	
 Please list specific food 	l preferences	: :			
·					

Does your child safely manage food and liquids? Yes No (Examples: pacing, chewing, swallowing, gagging, etc.) Please explain:
How would you describe your child's attention span?
Can your child be involved in an activity on their own (socially)? Yes No Please Explain:
Does your child engage in sensitive topics/actions or topics/actions that are not age appropriate during social interactions with their peers? (Examples: sex, body image, inappropriate language, gestures, touching, flirting, etc.)
Does your child wander/bolt/run away? Yes No Please Explain:
How well does your child follow safety directions? Please Explain:
What assistance does your child require to follow directions successfully? None/Independent Verbal cues Visual cues I step directions 2 step directions 3 step directions Minimal Assistance, describe Moderate Assistance, describe Maximum Assistance, describe Other
Please list your child's strengths and interests:

lease list your child's difficulties and things he/she does not like:
Vhat motivates your child? Can you suggest any items to put in a "bag of tricks" for your child?
Vhat events/circumstances may agitate your child?
are there sensory experiences that may agitate your child (loud noises, temperatures, textures,
rowds)? lease List:
Vhat is the most effective way to handle behavioral challenges with your child?
Ooes your child ever display aggressive behaviors? If yes, what are they?
Vhat else would you like the camp staff to know about your child to help make this a successful vernight camp experience?

Here	is a	list of	some of	the	activities	that are	offered	throug	hout the	e week a	camp:

- NEW: High & Low Ropes Course (high ropes – 13 yrs, low ropes – 10 yrs)
- NEW: Zip Line (must be 10 yrs)
- NEW: Climbing Wall (must be 10 yrs)
- Silly songs
- Stretches
- traditional flag raising
- synchronized swimming
- arts & crafts
- hiking
- archery

- boating
- Friendship bracelets
- wild edibles
- ultimate Frisbee
- tetherball
- salamander hunting
- variety of sports
- camp crafts
- adventure elements
- nature activities
- campfires
- dances
- capture the flag
- Free Swim Certified Lifeguards and Aquatic Observers lead a large variety of water games, swim lessons, and recreational swim

Do you have	any concerns	with your child	participating in	any of these ac	ctivities?	
Are there any		at your child can Please list:		in for medical i	reasons?	