

# CAMP SNOWBALL CAMPER INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR ALL CAMPERS.

*Please type or print all information*

## IDENTIFYING INFORMATION

Camper's Full Name \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Have you previously attended Camp Snowball or Camp Sunrise? \_\_\_\_ Yes \_\_\_\_ No If yes, list dates of attendance: \_\_\_\_\_

## CAMPER'S DISABILITY, DIAGNOSIS, AND PRESENT CONDITION

What is disability / diagnosis? \_\_\_\_\_

Cause and onset of disability:

\_\_\_\_ at birth \_\_\_\_ illness (year: \_\_\_\_\_) \_\_\_\_ accident (year: \_\_\_\_\_)

Please fully describe the extent and degree of disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MOBILITY (please check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Normal Walking   | <input type="checkbox"/> Cane(s)                    | <input type="checkbox"/> Walker                |
| <input type="checkbox"/> Slow Walking     | <input type="checkbox"/> Crutches                   | <input type="checkbox"/> Legs Bear Weight      |
| <input type="checkbox"/> Unsteady Walking | <input type="checkbox"/> Wheelchair / manual        | <input type="checkbox"/> Wheelchair / electric |
| <input type="checkbox"/> No Walking       | <input type="checkbox"/> Unable to negotiate stairs |  |

Does the camper need assistance walking: \_\_\_\_\_

## MOTOR SKILLS (please check all that apply)

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Throw a ball | <input type="checkbox"/> Do Arts and Crafts activities |
| <input type="checkbox"/> Catch        | <input type="checkbox"/> Is able to cut with scissors  |

## COMMUNICATION (please check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Normal Speech   | <input type="checkbox"/> No Speech           | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Impaired Speech | <input type="checkbox"/> Communication Board | <input type="checkbox"/> Hearing Aids  |

## SLEEPING ARRANGEMENTS

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Sleeps through night                           | <input type="checkbox"/> Sleeps with side rails | <input type="checkbox"/> Prone to bad dreams |
| <input type="checkbox"/> Afternoon nap - <input type="checkbox"/> Never | <input type="checkbox"/> Occasionally           | <input type="checkbox"/> Frequently          |
| <input type="checkbox"/> Wets bed - <input type="checkbox"/> Never      | <input type="checkbox"/> Occasionally           | <input type="checkbox"/> Frequently          |
| <input type="checkbox"/> Afraid of the dark                             |   |  |

**EATING** (please check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Eats independently | <input type="checkbox"/> Has trouble swallowing: | <input type="checkbox"/> Needs help eating      |
| <input type="checkbox"/> Needs food cut up  | <input type="checkbox"/> Solid foods             | <input type="checkbox"/> Uses straw for liquids |
| <input type="checkbox"/> Needs to eat:      | <input type="checkbox"/> Liquids                 |   |
| <input type="checkbox"/> Chopped foods      |  |   |
| <input type="checkbox"/> Pureed foods       |  |   |

**IS CAMPER DIABETIC?** \_\_\_\_ yes \_\_\_\_ no      If yes, specify diet restrictions

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**NOTE:** Please send the necessary supplies for testing.

**CAMPER PERSONAL CARE AND HYGIENE** (please check all that apply)

	Independent	Needs Help	Total Care	Comments
Dressing	_____	_____	_____	_____
Showering	_____	_____	_____	_____
Washing hands and face	_____	_____	_____	_____
Brushing teeth	_____	_____	_____	_____
Shaving	_____	_____	_____	_____
Washing hair	_____	_____	_____	_____
Tying shoes	_____	_____	_____	_____
Using toilet	_____	_____	_____	_____
Menstruation	_____	_____	_____	_____

Other helpful information regarding personal care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONALITY AND BEHAVIORAL INFORMATION** (please check all that apply) Detail any need-to-know information on a separate sheet of paper.

- |                                       |  |   |                                    |
|---------------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Sociable     | <input type="checkbox"/> Friendly            | <input type="checkbox"/> Cooperative      | <input type="checkbox"/> Helpful   |
| <input type="checkbox"/> Complains    | <input type="checkbox"/> Sensitive           | <input type="checkbox"/> Aggressive       | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Self-Abusive | <input type="checkbox"/> Suicidal tendencies | <input type="checkbox"/> Temper outbursts | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> Plays with fire     | <input type="checkbox"/> Tends to wander  |                                    |

**PROGRAM INFORMATION**

What activities does the camper enjoy? \_\_\_\_\_

\_\_\_\_\_

Should the camper avoid exertion due to heart or other health conditions?

\_\_\_\_\_

\_\_\_\_\_

Please list precautions to be taken during activities at camp: \_\_\_\_\_

\_\_\_\_\_

**CAMPER GOALS**

Considering the camper's educational, social, and living skills accomplishments, please list four goals you would like our staff to continue working on with your camper while at Camp Snowball.

\_\_\_\_\_

\_\_\_\_\_