

CAMPER NAME: _____

EASTERSEALS TENNESSEE CAMP ADULT CAMPER'S CARE INFORMATION

Mobility: Walks Uses walker Uses manual wheelchair Uses power wheelchair **If your camper is in a wheelchair, can they propel/drive themself?** Yes No

Transfers No assistance needed 1 person transfer 2+person transfer

If transfer assistance is needed, please explain. _____

Does your camper have difficulties communicating? Yes No

If your camper has difficulties communicating, please explain. _____

Does your camper use a communication device? Yes No **If a communication device is used, please explain what kind.** _____

Does your camper use sign language? Yes No

Does your camper require assistance when eating? Yes No **If assistance is needed when eating, please explain.** _____

Diet: Normal Gluten free Dairy free Diabetic Soy free G-Tube/Mickey Other: _____

Environmental Allergies: _____

Does your camper need assistance with toileting? Yes No

Assistance needed: None Transfer Wiping Hand washing Other: _____

Aids used: _____

If assistance or schedule is needed in relation to toileting, please explain. _____

Does your camper need assistance dressing? Yes No

If assistance is needed with dressing, please explain. _____

Does your camper need assistance with washing/showering? Yes No

If assistance is needed with washing/showering, please explain. _____

Usual bedtime: _____ **Usual wake-up time:** _____ **Special bedtime routines:** _____ **Bunk preference:** Lower Upper Doesn't Matter

Please note that lower bunks will first go to individuals with ambulation/mobility issues that do not permit them to climb steps to an upper bunk. We will do our best to accommodate all preferences based on availability.

Please describe if your camper has difficulties sleeping or any other additional information we need regarding them staying overnight: _____

Camper's Social Background

School/Employer: _____ **Can camper read?** Yes No **Can camper write?** Yes No

Does the camper have any special behaviors? Yes No

If camper has special behaviors, please indicate: Physical aggression Verbal aggression Self harm Elopement Property Destruction Other: _____

When do these behaviors occur? _____

Describe effective methods to control these behaviors. _____

Please list any fears the camper may have. _____

Please list any activities the camper dislikes. _____

What hobbies or activities does the camper enjoy? _____

Please add any other information you feel would be helpful in providing the best experience for the camper while at camp.
