

Annual Information Form for Camp New Hope, Inc. (2019)

Form must be filled out completely.

NEW Campers ONLY Photo

Please use a CURRENT photo (shoulder and up face shot) of your camper. These will be used for camper badges.

All information relative to the camper's health and well-being should be on this annual information form. Please DO NOT rely on verbal instructions at the time of check-in to communicate important information about your camper. Please remember that even though your camper may have attended many times, their counselor may be new and does not know about your camper and their required care. This information helps us to provide the best care for your camper.

Camper Information

Camper Name: _____ Preferred name, if any: _____

Age: _____ Date of Birth: ____/____/____ Weight: _____ Height: _____ Gender: Male Female

Who does the camper live with? Mom Dad Stepparent Grandparent On Own Other Family Member Group Home

Diagnosis: (Check & describe all that apply) Cerebral Palsy Autism Down Syndrome

Intellectual Disability: Mild Moderate Severe

Speech Impairment: Verbal Hard to Understand Non-verbal Sign Language/Signs Communication Device

Visual Impairment: Blind Some Sight Night Blindness

Hearing Impairment: Deaf Some Hearing Hearing Aides

Behavioral Disorder _____ Mental Illness: _____

Physical Limitations: _____ Learning Disability: _____

Other Disability: explain _____

Is this the camper's first time attending Camp New Hope? Yes No If no, did camper have any problems here: _____

Has the camper ever been separated from his or her family before? Yes No If yes, reaction and/or issues: _____

Is homesickness likely to occur? Yes No if yes, suggestions to ease the transition: _____

Does the camper attend school? Yes No Where? _____

Is the camper employed? Yes No Type of Work? _____

Will the participant stay with a group? Yes No

Best way to get participant involved: _____

Favorite Activities (camp or home): _____

Situations that may cause fearfulness or upset: _____

Mobility & Special Aides

Camper mobility: Walks Independently Manual Wheelchair Electric Wheelchair Walker Crutches/Cane Gait Belt

Moves: Independently Requires Pushing Requires Steering/Guidance Needs held onto Needs assistance only on rough terrain

Wheelchair Transfers: Independently Standby Assistance Pivot (1 person) Full Assistance (2 person) Hoyer Lift

Camper aides: (Check all that apply) Eyeglasses Helmet Hearing Aids Dentures Leg Braces

Other Adaptive Equipment: _____ None

Swimming needs: Ear plugs Nose plug Water shoes Lifejacket Goggles None

Seizures

Does camper have seizures: No Active Controlled History of

Type of Seizures: _____

Frequency: _____ Last Seizure Date: _____

Aware of impending seizure? Yes No If yes, describe: _____

Describe care required during/after seizure: _____

Behavior and Communications

Any disruptive behaviors? Yes No If yes, describe: _____

Does camper respond to specific behavior techniques? Yes No If yes, describe: _____

Situations/Activities/Foods that can cause behavior problems? Describe: _____

Does camper usually comply with verbal requests/directions? Yes No If no, describe: _____

Does the participant verbalize clearly? Yes No If no, describe: _____

Describe special Communications needs or instructions (sign language, special gestures, etc.): _____

Is there any possibility camper's behavior would risk injuring self or others? Yes No If yes, describe: _____

Is the camper ever violent or dangerous to others? Yes No If yes, explain: _____

Is the camper usually willing to share/take turns? Yes No

Does the camper tend to give up or become frustrated when confronted by challenging activities? Yes No

Please list any information concerning camper that would aid our staff in insuring their time at camp is safe and enjoyable: _____

Toileting & Showering & Dressing

If your camper is not staying overnight, AND ONLY participates in bowling/holiday parties, you may skip the showering, dressing, and bedtime questions.

Toileting: Independent Needs Transferred to toilet (bowel movement, urination, both) _____

Able to tell you when needed Needs Reminders: _____ Has toilet schedule: _____

Needs Assistance (wiping, removing, help w/ pants): _____

Doesn't use toilet: (depends, pull-ups) _____ How often changed during the night? _____

Uses catheter or other adaptive devices: (Explain process or use of adaptive devices. Is camper independent in process? Needs assistance? How often? Describe: _____

Menstrual Care: None Independent Verbal Cues (describe cues) _____

Needs Assistance (assist needed) _____

Showering: Independent Needs Verbal Cues Needs Complete Assistance: Shower Chair Shower Bed

Needs Assistance with: Adjusting Water Temp Shampooing Hair Soaping Drying Brushing Teeth

Describe any special instructions or verbal cues that are specific to your camper: _____

Dressing: Is camper responsible for own belongings Yes No

Dresses Independently Needs Verbal Cues Needs minimal assistance dressing Needs total assistance dressing

Describe assistance needed dressing (set out clothes, help with clothing, tying shoes, special way to dress): _____

Describe any assistance needed undressing (help with undergarments, special way to undress): _____

What are specific verbal cues, if any, that help camper? (get dressed, put shirt on, etc.): _____

Bedtime

Typical Bedtime: _____ Awakes at: _____ Sleeps: _____ hours a night

Does camper need a bedrail Yes No (Campers with active, regular seizures, requires a bedrail)

If camper is non-verbal, how does camper typically sleep? (back, side, belly, with pillow, etc) _____

Does camper require special care during the night? (Including need for bathroom) Yes No if yes, explain any special care required during the night? (Change depends, check on camper medical need, rolled over) _____

Does the camper typically need to use the restroom during sleeping hours? Yes No Rarely

Since bathroom is not in cabin, campers wake up counselors and have to put shoes on to walk to bathroom. Can camper hold bladder till get there or is the urgency to go immediately or potential for accident? Number of times campers camper tends to go at night? Is there a need to provide a portable commode in the cabin? (Urgency of bathroom, Number of times, Commode needed?) _____

Does camper wet the bed at night? Always Sometimes Rarely Never

Is there is anything counselors can do to help prevent bed wetting? (Stop liquids- what time, wake up and take to bathroom- times, etc.) _____

Does camper wear pull-ups to bed? Yes No

If camper wets the bed, will they tell the counselor? Yes No Sometimes Will try to hide

Meal Time

Typical Appetite is: Large Typical Small

Food Likes: _____

Food Dislikes: _____

Camper can use: None Fork Spoon Knife Special Utensils/Plates, describe how uses: _____

Camper needs: Food Cut Sippy Cup Straw Special Plate Food fed to them Pureed Mechanical Soft
 Mechanical Soft Meat Only Liquids Thickened- Nectar Liquids Thickened- Honey Liquids Thickened- Pudding
 No Liquids by Mouth Has Food Allergies Other None

Describe any special instructions for feeding, any restrictions, needs, special food preparation requirements, allergies, and other. (Allergies,

Meal Prep, Cut Food (size), Pureed or Mechanical Soft, etc.): _____