

PA LIONS BEACON LODGE CAMP
CAMPER INFORMATION CHECKLIST
(PLEASE FILL OUT THE FORM AS COMPLETELY AS POSSIBLE)

A. Name: _____ Date Attending Camp: _____

B. Ambulation:

(1) Assistive Devices: _____

(2) Comments: _____

(3) Pressure sore checks/procedures: _____

C. Communication:

(1) Sign language(s) used: _____

(2) Oral Communication: _____

(3) Assistive Devices: (i.e., hearing aides) _____

D. Vision:

(1) Diagnosis of visual disability: _____

(2) Degree of visual impairment: _____

(3) Glasses: _____ Contacts: _____

(4) Other assistive devices: _____

E. Hearing:

(1) Diagnosis of disability: _____

(2) Percent of hearing loss: Right _____ Left _____

(3) Hearing aides: _____

(4) Other assistive devices: _____

F. Bowel & Bladder Function

(1) Toileting assistance needed: _____

(2) Bedwetting: _____

(3) Briefs (Depends) **camper must provide:** _____

(4) Bowels (regular/irregular--comments): _____

(5) Time schedule: _____

G. Diet:

(1) Assistance at mealtimes: _____

(2) Special Diet: _____

(3) Food allergies: _____

(4) Special utensils: _____

H. Activities of Daily Living:

(1) Dressing: _____

(2) Hygiene: _____

I. Swimming

(1) Earplugs: _____

(2) Life Jacket: _____

(3) Swimming ability: _____

(4) Sun Protection: _____

J. Seizure History:

- (1) Date of last seizure: _____
 - (2) Seizure frequency: _____
 - (3) Factors triggering seizures: _____
 - (4) How critical are specific (regimented) med times? _____
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K. Behavior Problems:

- (1) Factors triggering behavioral incidents: _____
- (2) What will calm camper down? _____
- (3) Wandering or sleepwalking behavior: _____
- (4) Recommended reinforcers: _____
- (5) Timeout training history; _____

L. Socialization Skills:

- (1) Describe camper's ability to interact with peers: _____
 - (2) History of homesickness: _____
 - (3) Activities, etc. to be encouraged in order to promote socialization: _____
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M. Mobility Skills:

Rate and Describe: _____

N.

Allergies or other important medical information from the health form that parents want to have emphasized with the counselors: _____

O.

Other (comments, concerns, or requests for service): _____

P.

Other families, campers, etc, you would like to refer to PA Lions Beacon Lodge Camp

Comments: