

**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? \_\_\_\_\_
- 

**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: \_\_\_\_\_
- 

**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:**