

**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.**

\_\_\_\_\_