

Joy Camp Camper information Form Camp Okoboji

The following information will be presented to all staff working with this camper. The information will be used only to serve the camper better. It will provide basic information concerning behavioral concerns and special considerations needed. This information will be considered confidential, not to be discussed in public or with people who are not serving this camper. We thank you for taking the time to provide us with this information. It will help make your camper have a positive experience while at camp.

Camper Name _____

Please give **Specific** information in the following areas that will assist the staff/helpers in assisting your camper. **This is very important if we are providing staff helpers for this program!**

1. Will a staff person be accompanying this camper? No Yes

If Yes please provide the following information:

Staff person's Name _____

Staff person's home phone (____) ____ - ____ Cell phone (____) ____ - ____

Will the staff person be lodging at Camp Okoboji? No Yes

Will the staff person be having meals at Camp Okoboji? No Yes

General personality information – Fill out the remaining information ONLY IF NO STAFF PERSON IS ATTENDING WITH THIS CAMPER

2. Communication Information

3. Ambulation/Mobility Information

4. Does the Camper need a wheel chair accessible room? NO Yes

5. Self-help Skills Information

❖ Dressing None Some Total Assistance

❖ Toileting None Some Total Assistance

❖ Eating None Some Total Assistance

❖ Oral Hygiene None Some Total Assistance

❖ Bathing/showering None Some Total Assistance

6. Sleep Habits Information

7. Recreation/Social/Leisure Information

8. Behavioral Issues Information (Include information of how to best redirect, calm, soothe your camper)

9. Safety Concerns Information

10. Other information you feel our staff needs to know about your camper

11. Roommate Preference: _____