

5. If parent/guardian not available in an emergency, notify:

Name _____ Relationship _____ Telephone _____
Address _____
Street City State Zip

6. Camp Session applying for: 1st Choice: Session name & dates: _____
2nd Choice: Session name & dates: _____

Does the camper wish to be in the same cabin with a friend? Yes _____ No _____

Friend's Name _____

Has camper attended a camp before? Yes ___ No ___ Camp Name(s) _____

PHOTO RELEASE

I do hereby grant permission to the Board of Trustees of Southern Illinois University and its agents to make, use, copyright, and publish news stories, still photographs, and/or video or audio recordings. I grant the right and permission to use the material in any matter whatsoever including reproduction in publicity releases, slide, films, publications, television productions, or any other media.

CAMPER/PARENT/GUARDIAN SIGNATURE _____ DATE _____

A \$100 nonrefundable deposit is required with this application and must be received at least 2 weeks prior to the start of camp. This deposit will be applied towards the camper fee.

7. CAMPER ASSESSMENT/DISABILITY INFORMATION. PLEASE CHECK ALL THAT APPLY

Prior to a camper being accepted, the following information is required so we can determine if the camper is best served in residential or day camp and to help us with cabin assignments and to provide the best possible care for the camper.

Please be as accurate and complete as possible with this information. You may attach additional pages if needed.

Developmental and Cognitive Disability (Yes___ or No___)

___Autism Spectrum Disorder ___Intellectual Disability ___Down Syndrome ___Learning Disability
___ Attention Deficit ___Hyperactivity Disorder ___Dyslexia ___Tourette's Disorder ___Other _____

Please describe severity of condition: _____

Mental Disability (Yes___ or No___)

___Obsessive Compulsive Disorder ___Anxiety Disorder ___Bipolar Disorder ___Traumatic Brain Injury
___Dementia ___Schizophrenia ___Depression ___Phobia's - Please explain _____
___Other- Please explain _____

Physical Disabilities (Yes___ or No___)

___Visual Impairment. Specify: _____

___Hearing Impairment. Specify: _____

___Mobility Impairment. Specify: _____

___Arthritis ___Cerebral Palsy ___Multiple Sclerosis ___Muscular Dystrophy ___Paralysis
___Spina Bifida ___Other- please explain: _____

Chronic Illnesses (Yes___ or No___)

___Asthma ___Cancer ___Chronic Fatigue Syndrome ___Diabetes/Type ___Hypoglycemia

___HIV AIDS ___Renal Failure ___Tuberculosis (TB) ___Other- please explain _____

Please provide specific and detailed information on the type of disability checked as it relates to camper and include level of functioning. Attach additional page if needed. _____

8. COMMUNICATION

___ Camper Speaks Fluently ___ Understands Speech ___ Reads ___ Writes ___ Gestures

___ Understands Simple Directions ___ Understands Sign Language ___ Uses Sign Language

___ Uses Communication Board (must accompany camper)

___ Uses Other Electronic Communication Devices (BRING AT DISCRETION)

Additional information. _____

9. VOCABULARY 1-10 words___ 10-50 words___ 50-100+ words___

Comments on communication ability and suggestions for effective communication: _____

10. PERSONALITY/BEHAVIOR (Important information. Attach additional page if needed)

Please describe the camper's general moods and behaviors (i.e. happy, cautious, shy, fearful, etc.):

11. As a parent or guardian, what are your most immediate concerns about the camper's experience attending camp?

12. The camper will be involved in small and large groups while at camp. Please list any comments, concerns, or suggestions as to the camper's ability to function in this setting:

13. Please describe specific methods that have been successful in dealing with the camper's behavior problems, if any:

14. What does the camper especially enjoy that can be used to reinforce good behavior?

15. SLEEP (check all that apply)

Average number of hours of sleep per night

normally sleeps through the night without trouble

Camper sleeps better with night light (Please provide night light)

Uses medication to help sleep

Camper needs rest periods.

Other concerns (any sleepwalking or confusion at night) _____

16. MOBILITY (check all that apply)

Fully Ambulatory

Independent with some balance/coordination problems, tires easily

can walk, but uses assistive devices. **Specify:** _____

Walks, but may need wheelchair for hills/long distances

Wheelchair for all mobility needs, transfers independently

Wheelchair for all mobility needs; needs assistance with transfer

Wheelchair for all mobility needs; needs assistance to propel

Type of Wheelchair: **Manual** _____ **Electric** _____ **Scooter** _____

Please comment on wheelchair, transferring, or mobility assistance and/or procedures: _____

**The Camper's Walker or Wheelchair (With Battery charger) must accompany The Camper.
Camp Does Not Provide Assistive Devices.**

17. SAFETY (Check all that apply)

Falls easily___ Wanders___ Self-injurious___ History of physical aggression? ___ (Please explain below)

Other safety concerns: _____

18. DRESSING SKILLS

___ Dresses independently. ___Needs minimum assistance. ___ Needs moderate assistance. ___ Needs total assistance

___ Independent, but needs verbal prompts. Comments: _____

19. TOILETING SKILLS (Check all that apply)

___ Continent

___ Needs assistance. **Specify:** _____

___ Needs assistance with transfers. **Specify:** _____

___ Incontinent occasionally. **Specify:** _____

___ Incontinent

*Can the camper indicate if assistance is needed with toileting or hygiene practices? (Yes___ or No___)

*Does the camper wear incontinence pads? (Yes___ or No___) **(If Yes, Bring Enough To Last Entire Session.)**

*Does camper need to be awakened during the night to void? (Yes___ or No___)

___ Catheter _____ Bowel Program (Explain) _____

Other Comments: _____

20. SHOWERING SKILLS

___ Showers independently

___ Independent, but needs verbal prompts

___ needs some assistance,

___ requires maximum assistance

___ Uses shower chair (you may bring or use the ones at camp)

Comments: _____

21. ORAL HYGIENE SKILLS

Does the camper wear dentures? (Yes_____ or No_____)

___ Brushes independently

___ Independent, but needs verbal prompts

___ requires maximum assistance **Specify:**

Comments: _____

22. FEMININE HYGIENE (Bring feminine hygiene napkins to meet needs for the entire session.)

___ Provides self-care independently ___ Needs some assistance ___ Needs total assistance

Special considerations: _____

23. MEALTIME SKILLS (Check all that apply)

Is the Camper on a **SPECIAL DIET** or nutritional supplement? (Yes___ or No___)

If yes, please describe below (i.e., pureed, mechanical soft, etc.) Supplement must be sent.

- ___ feeds self independently
- ___ Independent, but needs prompt.
- ___ needs some assistance,
- ___ needs maximum assistance with meals

Specify: _____

*Does the camper use any special utensils? (Yes___ or No___). If yes, please describe: _____

Be Sure to Send any Special Utensils along with the Camper. All utensils must be marked with Camper's Name.

Are there any mealtime techniques or preparations you use to assist the camper? (Yes___ or No___)

Specify: _____

Can the camper tell us if he/she is hungry or thirsty? (Yes___ or No___) Size of appetite: **Lrg**___ **Med**___ **Sml**___

List Food Allergies/ concerns with appetite: _____

24. ACTIVITIES-Campers will be involved in many different types of activities while at Camp. Please check favorite areas.

- ___ Swimming ___ Dance ___ Games ___ Arts/Crafts ___ Boating ___ Campfires
- ___ Sports ___ Hayride ___ Singing ___ Music ___ Hiking ___ Nature Study
- ___ Drama ___ Fishing ___ Special Events ___ Horseback Riding

Swimming Ability/Experience: No Swim Skills___ Beginner___ Intermediate___ Advanced___

Are there specific activities camper wants to try? _____

Are there activities that camper DOES NOT want to try? _____

Please describe the best way to get the camper involved in an activity: _____

Other Comments: _____