



**5. If 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) \_\_\_\_\_

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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/ASSIGNMENT INFORMATION**

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.

**TYPE OF DISABILITY-CHECK ALL THAT APPLY**

**Mental Retardation** \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe \_\_\_ Profound

**Developmental and Cognitive Disability (Yes/No \_\_\_) Indicate below:**

\_\_\_ Autism \_\_\_ Tourette's Disorder \_\_\_ Down Syndrome \_\_\_ Dyslexia \_\_\_ Learning Disability

\_\_\_ Attention Deficit \_\_\_ Hyperactivity Disorder \_\_\_ Other (please explain) \_\_\_\_\_

Please describe severity of condition: \_\_\_\_\_

**Mental Disability (Yes/No \_\_\_) Indicate below:**

\_\_\_ Alzheimer's \_\_\_ Anxiety Disorder \_\_\_ Bipolar Disorder \_\_\_ Depression \_\_\_ Dyscalculia

\_\_\_ Memory Loss \_\_\_ Schizophrenia \_\_\_ Traumatic Brain Injury \_\_\_ Obsessive Compulsive Disorder

\_\_\_ Phobia's -Please explain below \_\_\_ Other- Please explain below

**Physical Disabilities (Yes/No \_\_\_) Indicate below:**

\_\_\_ Visual Impairment **Specify:** \_\_\_\_\_

\_\_\_ Hearing Impairment **Specify:** \_\_\_\_\_

\_\_\_ Mobility Impairment

\_\_\_ Arthritis \_\_\_ Cerebral Palsy \_\_\_ Multiple Sclerosis \_\_\_ Muscular Dystrophy \_\_\_ Paralysis

\_\_\_ Spina Bifida \_\_\_ Other- please explain: \_\_\_\_\_

**Chronic Illnesses (Yes/No \_\_\_) Indicate below:**

\_\_\_ Asthma \_\_\_ Cancer \_\_\_ Chronic Fatigue Syndrome \_\_\_ Diabetes \_\_\_ Hypoglycemia

\_\_\_ HIV AIDS \_\_\_ Renal Failure \_\_\_ Tuberculosis (TB) \_\_\_ **Other-** please explain below

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)

**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 self independently                       Needs minimum assistance                       Needs total assistance  
 Independent, but needs verbal prompts                       needs moderate assistance

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/No\_\_\_)

\*Does the camper wear incontinence pads? (Yes/No\_\_\_) **(If Yes, Bring Enough To Last Entire Session.)**

\*Does camper need to be awakened during the night to void? (Yes/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/No\_\_\_\_\_)

Brushes independently  
 Independent, but needs verbal prompts  
 Requires maximum assistance **Specify:** \_\_\_\_\_

### 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/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/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/No \_\_\_)

**Specify:** \_\_\_\_\_

Can the camper tell us if he/she is hungry or thirsty? (Yes/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 things 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: \_\_\_\_\_