



CAMPER HEALTH QUESTIONNAIRE

To be filled out by child's parent or guardian.

Please mail this form back to:

Camp Grace Bentley
 c/o Anthony DeWolfe
 2549 Taylor Drive
 Kimball, MI 48074

Child's Name _____

Date of Birth _____

1. Disability: (please circle)

- | | | |
|--------------------|---------------|-----------------------------|
| Cerebral Palsy | Epilepsy | Trainable Mentally Impaired |
| Muscular Dystrophy | Down Syndrome | Autistic |
| Spina Bifada | | Emotionally Impaired |

Other _____

Please describe the level of impairment _____

2. Please indicate the following (associated problem)

	Normal	Impaired	Limitations
Hearing Ability	_____	_____	_____
Vision Ability	_____	_____	_____
Memory	_____	_____	_____
Time Concept	_____	_____	_____

3. Perceptual Ability -- Communications:

_____ No Difficulty _____ Verbalizes, but may be
 difficult to understand

_____ Non Verbal _____ Yes/No Responses Only

Please Explain _____

4. General Health:

Does child have seizures? Yes No

If so, how long do they last? _____

Any respiratory difficulties? Yes No

Does child fatigue easily? Yes No

If so, symptoms to look for: _____

All medications must be in the original container with the child's name and dosage Medications: amount. We can not deviate from these directions.

Please send the exact amount of medication needed for the entire session.

Medication _____

Dosage _____ Time taken _____

Medication _____

Dosage _____ Time taken _____

Medication _____

Dosage _____ Time taken _____

Allergies to medication, please list:

Nutrition/diet notes, including allergies to food:

5. Proof of current immunizations must be presented:

_____DPT_____MMR_____Polio_____Others_____

6. Has child had previous surgery? _____

If so, date? _____

Broken Bones? _____

Which Ones? _____

Precautions _____

7. Skin care:

Any open areas? _____

Location?

Care notes

8. Special Equipment: (Circle those that apply)

Ambulation:

Eating:

Bracing:

Other:

Crutches

Special Cup

Short leg

Hoyer Lift

Cane

Straw

Long leg

Toilet/Commode

Walker

Special Dish

AFO (Plastic)

Shower Chair

Wheelchair

Special Utensils

Body Jacket

Shunt

Electric Wheelchair

Hand Splint

Amigo

Other:

Other:

Other:

Other:

9. Activities of Daily Living: (please check all that apply)

	Independent	Partial Resistance	Needs Full Care
Eating	_____	_____	_____
Ambulation	_____	_____	_____
Dressing	_____	_____	_____
Bathroom	_____	_____	_____
Bowel & Bladder	_____	_____	_____

10. Personal Care Information:

Child's approximate weight _____

Transfers: (please check)

_____ Can make transfers independently

_____ Can bear weight for pivoting

_____ Must be lifted, cannot bear weight

Circle any area where child may need assistance:

Showering

Shaving

Brushing teeth

Personal care during menstrual cycle

Other _____

11. Adjustment to Camp: (please circle)

Has your child been to camp? Yes No

If so, did he/she adjust well? Yes No

Has your child ever been away from home before? Yes No

Do you think he/she is likely to be homesick? Yes No

12. Does your child have a history of emotional or behavioral problems? Please be specific:

13. How do you manage this behavior at home? _____

14. Please describe your child's ability to follow directions: _____

15. Please describe your child's ability to get along and interact with others: _____

16. Does your child sleep through the night? _____

17. Please describe any eating concerns: _____

Other information you would like to share about your child _____

**The above information is true and accurate to the best of my knowledge.
I understand that Camp Grace Bentley is not equipped to service children who
require one-on-one care or are unable to function on a 3-1 camper/counselor ratio.**

Signed _____ Date _____

Upon receipt of this application, you will receive a tentative acceptance postcard and confirmation of the session of preference. Your final acceptance and checklist of what to bring to camp will arrive once you have a physical on file.

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