



## CAMPER HEALTH QUESTIONNAIRE

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

**Please mail this form back to:**

**Camp Grace Bentley**

8250 Lakeshore Rd

Burtchville, MI 48059

**Child's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**1. Disability: (please circle)**

Cerebral Palsy

Muscular Dystrophy

Spina Bifada

Epilepsy

Down Syndrome

Trainable Mentally Impaired

Autistic

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 \_\_\_\_\_

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**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:**

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13. How do you manage this behavior at home? \_\_\_\_\_

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

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

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16. Does your child sleep through the night? \_\_\_\_\_

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17. Please describe any eating concerns: \_\_\_\_\_

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Other information you would like to share about your child \_\_\_\_\_

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**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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