

CAMP NORTHSTAR
CAMPER PROFILE

NAME: _____
ADDRESS: _____
PHONE: _____ E-Mail: _____

EMERGENCY INFORMATION:

(Please list 2 different emergency contacts)

Name: _____ Phone: _____
Name: _____ Phone: _____

INSURANCE INFORMATION:

Medicaid / Medicare _____ Policy No. _____
Insurance Co. Name _____ Policy No. _____

MEDICAL INFORMATION:

Physician Name: _____ Phone _____

Seizures: ___YES ___NO Comments: _____

ALLERGIES: Food: ___YES ___NO Medication: ___YES ___NO Environmental: ___YES ___NO

IF yes, please give details: _____

Does the athlete take medication? ___YES ___NO

Special Dietary Needs: _____

ADL SKILLS

Shirt size _____ Shorts size _____

DRESSING: (INDICATE STATEMENT WHICH BEST DESCRIBES CAMPER)

___SOME ASSISTANCE ___VERBAL PROMPTS ___INDEPENDENT

PLEASE EXPLAIN: _____

SHOWERING: (INDICATE STATEMENT WHICH BEST DESCRIBES CAMPER)

___INDEPENDENT ___HELP ADJUST WATER ___HELP WASHING HAIR ___HELP WASHING ___DRYING

NIGHT BEHAVIOR: (CHECK ALL THAT APPLY)

___FALLS ASLEEP EASILY ___SLEEPS THROUGH THE NIGHT ___BEDWETTING ___WAKES UP EASILY

___INDICATE CAMPERS BED TIME ___INDICATE TIME THAT CAMPER WAKES UP

___IRREGULAR SLEEP PATTERN PLEASE EXPLAIN: _____

BEHAVIOR: (CHECK ALL THAT APPLY)

___ADJUSTS EASILY TO CHANGES IN ENVIRONMENT ___RESPONSIVE, AMIABLE, FOLLOWS DIRECTION
___OCCASIONALLY RESISTANCE ___USUALLY UNCOOPERATIVE AND RESISTANT
___HYPERACTIVE ___WANDERS / ELOPES
___AGGRESSION TOWARDS PEERS ___AGGRESSION TOWARDS COUNSELORS
___INTERACTS APPROPRIATELY IN ENVIRONMENT (STAYS WITH GROUP, PARTICIPATES IN ACTIVITIES)
___SELF INJURIOUS BEHAVIOR - EXPLAIN: _____
___SEVERE ACTING OUT BEHAVIOR - EXPLAIN: _____