



FORTUNE LAKE LUTHERAN CAMP

138 Fortune Lake Camp Rd
Crystal Falls, MI 49920
(906) 214-2267

2025 VICTORY CAMP
LEVEL OF CARE
QUESTIONNAIRE

COMPLETE AND SUBMIT THIS FORM ALONG WITH YOUR REGISTRATION and Camper Health History Form. For Fortune Lake Staff to best prepare for this camper, in the following sections, please check off all statements that apply, answering thoroughly, with examples as needed; attach additional paper if necessary. Complete the medications list on page 6.

Victory Camper lives (please circle one):

- Independently
- With Family
- With Foster Family
- *Group Home
- *Residential Facility
- Other

*Home/*Facility: _____
(Please provide the Name & Location of Group Home/Residential Facility above)

In addition to the parent/guardian listed on the health form is there anyone else authorized to speak to Fortune Lake Staff and/or medical volunteers on behalf of the camper?

Name: _____ Home phone number: _____
Cell phone: _____ Relationship to camper _____

Has the camper attended camp at Fortune Lake Lutheran Camp previously?

- YES
- NO

If yes, please indicate years attended.

What is the camper's intellectual ability? Please explain.

What is the camper's primary disability? Please check / explain.

- Cognitive Disability
- Neuromusculo skeletal
- Speech or Language
- Hard of Hearing
- Vision Impairment

Does the camper have any special medical equipment that he/she will be bringing to camp that our staff should be aware of? (i.e. insulin pump, nebulizer, colostomy bag, etc.) Please explain.

MOBILITY

	<i>Independent</i>	<i>With verbal cues</i>	<i>With some assistance</i>	<i>With total assistance</i>	<i>Not Applicable</i>
Walk/Run					
Use of Walker or Cane					
Stairs/Steps in a Building					
Use of Wheelchair					

Mobility Comments:

COMMUNICATION

Camper's mode of communication is (please check one):

- Verbal Sign Language Gestures Language Device
 Non-Verbal

	<i>Independent</i>	<i>With Verbal Cues</i>	<i>With Some Assistance</i>	<i>With Total Assistance</i>
Communicates needs/wants clearly				
Able to understand /respond to questions				

Communication Comments:

PERSONAL CARES

	<i>Independent</i>	<i>With Verbal Cues</i>	<i>With Some Assistance</i>	<i>With Total Assistance</i>
Toilet use				
Uses diapers (day/night)				
Menstrual care				
Showering				
Adjust water				
Soaping/Shampooing				
Hair care				
Dental Hygiene				
Putting on/taking off clothing				
Putting on/taking off shoes				
Other:				

Personal Cares Comments:

NUTRITION

	Yes	No
Can use utensils independently		
Serves food to self		
Needs assistance serving food to self		
Needs food cut		
Uses special utensils (please label & send to camp)		
Eats well		
Has a poor appetite		
Overeats		
Other:		

Nutrition Comments:

CABIN LIFE

	Yes	No
Early riser		
Night owl		
Homesickness		
Uses a CPAP machine		
Needs to be woken up		
Needs a nightlight		
Needs to use a bathroom more than twice during the night		
Frequent accidents at night		
Other		

Cabin Life Comments:**CAMP ACTIVITIES**

	Yes	No
Swims well		
Goes into water willingly		
Fears water		
Has ridden on a boat (motor/pontoon)		
Fears riding on a boat (motor/pontoon)		
Good fine motor skills		
Poor fine motor skills		
Good gross motor skills		
Poor gross motor skills		
Other:		

Camp Activity comments:

BEHAVIOR/SOCIAL INTERACTION (please check all that apply)

	Outgoing
	Helpful
	Shy/Withdrawn
	Gets Upset Easily

	Initiates Conversation
	Enjoys Social Activities
	Needs Continuous Direction
	Verbally Aggressive/Demanding

	Happy
	Eager to Learn New Things
	Anxious of New Situations
	Self Abusive

	Uses Appropriate Touch
	Able to Accept Responsibility
	Displays openly sexual behavior
	Physically Aggressive

Please describe in detail any challenging behaviors we should know about?

Do you have a specific way of handling behaviors described above (time-outs, charts, etc.)?

What usually triggers challenging behaviors?

What are two or three effective rewards?

Is there anything additional we should know which isn't included in any of the above items?

MEDICATION RECORD FORM (make copies if additional pages needed)

Camper NAME _____ CABIN _____

CAMP SESSION _____ Daily Medications: Yes__ or No__.

MEDICATION: dose, route and frequency	Time to be given	SUN	MON	TUES	WED	THUR	FRI	SAT
Parent: List medications to be given AND how and when to be given	First Aid or Health Officer: Initial and note time medication is given.							

Parent/Guardian’s Signature: _____ Date: _____