

## **Fortune Lake Lutheran Camp Victory Camp 2018 Questionnaire**

Please answer the following questions about your Victory Camper to help us better serve the camper during our camping program. Please print legibly.

1. Please give the approximate dates for the following immunizations for the camper.

_____	Chicken Pox	_____	Diphtheria
_____	MMR	_____	Polio
_____	Hepatitis B	_____	Other
_____	Tetanus		

2. What specific medical conditions and/or mental and/or physical conditions has your camper been diagnosed as having? Please be specific; attach additional sheet if needed.

3. 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. Be sure to include directions for use and care of the equipment on the camper's medication form.

4. What is the cognitive level at which your camper functions?

5. What are the doctor's recommendations regarding the extent of the camper's physical activity?

6. Name of same sex caregiver accompanying camper if "24 hour" or "One on One" attention is required.

Yes    No

\_\_\_    \_\_\_    7. Is camper a Hepatitis carrier?    Type \_\_\_\_\_

\_\_\_    \_\_\_    8. Does camper have any communicable diseases? If yes, explain precautions.

Yes No

\_\_\_ \_\_\_ 9. Does the camper have seizures or convulsions? Is so, what type? \_\_\_\_\_  
What are the characteristics of the seizures, and what usually triggers them?

Are there certain activities or diets that may affect the seizure disorder?

\_\_\_ \_\_\_ 10. Is the camper a Diabetic? \_\_\_ Type I \_\_\_ Type II

\_\_\_ \_\_\_ 11. Does the camper have Pica or any other eating disorders? If so, explain.

\_\_\_ \_\_\_ 12. Skin sensitivity  
-to sun?  
-to hot water?  
-other? Please explain.

\_\_\_ \_\_\_ 13. Does camper have allergies? If so, please list. Please include medicinal and food allergies.  
Provide TWO Epi-Pens if needed; describe reactions and past experiences.

\_\_\_ \_\_\_ 14. Does the camper have Asthma?

\_\_\_ \_\_\_ 15. Does the camper have Hypertension?

\_\_\_ \_\_\_ 16. Does the camper have a Heart Defect, Heart Disease, or any other Heart related troubles? If  
yes, please explain.

\_\_\_ \_\_\_ 17. Does the camper have any medical conditions that would prevent him or her from using the  
sauna? If yes, please explain.

\_\_\_ \_\_\_ 18. Does the camper have a special diet for any medical or non medical reason? If so, please  
explain (vegetarian, diabetic, lactose intolerant, etc.).  
*\*\*Very specific foods or food supplements may need to be sent with camper.*

\_\_\_ \_\_\_ 19. Camper can sleep on a top bunk? If not, please explain. (2 campers may need to use a top  
bunk in each cabin.)

20. What time does the camper normally go to bed and wake up?
21. Does the camper have any unusual sleeping habits such as sleep walking, nightmares, needs a nightlight?
22. What are your camper's social habits? (i.e. Is he/she more comfortable in group activities or one-on-one?)
23. Does the camper have certain daily routines, and are there certain things that tend to comfort the camper when he/she is anxious or upset?
24. Does the camper have any relational problems with any other person who may be at Victory Camp the same week? Explain behavior and possible solutions.
25. Is the camper prone to sudden outbursts? If yes, please describe typical outburst and possible solutions.
26. Does the camper exhibit any open sexual behavior? If yes, what behavior plan is in place, or what suggestions can you provide to deal with this in our camp community environment?
27. Is the camper currently on a behavior modification program (please explain in step by step detail)? Also are there certain disciplinary actions that tend to work well when needed?
28. Is there any other information you would like to provide us about your camper that will help us provide the best experience for the camper while at camp?
29. Has this camper attended Fortune Lake Lutheran Camp before? No \_\_\_ Yes \_\_\_ What year? \_\_\_\_\_

# Victory Camp 2018 Needs Checklist

## Physical Accessibility

- Needs no assistance
- Wheelchair
- Walker or Cane
- Leg Braces
- Deaf
- Blind
- Other \_\_\_\_\_
- Explain:

## Toileting

- Independent
- Totally dependent on others
- Needs assistance with clothing
- Needs assistance with wiping and cleaning
- Day and/or Night diapering
- Explain:
  
- Frequent accidents day and/night
- Gets up more than twice during night
- Other \_\_\_\_\_
- Explain:

## Communication

- Communicates adequately without aids
- Uses hearing aids
- Reads lips
- Uses communication board or symbols
- Hears but doesn't speak
- Difficult to understand
- Other \_\_\_\_\_
- Explain:

## Personal Hygiene

- Independent
- Needs assistance showering
- Explain:
  
- Totally dependent on others
- Needs assistance shaving
- Explain:
  
- Needs assistance washing hair
- Explain:
  
- Needs assistance w/feminine hygiene
- Explain:
  
- Needs assistance brushing teeth/dentures
- Explain:
  
- Other \_\_\_\_\_
- Explain:

## Dining

- Independent
- Totally dependent on others
- Has special diet
- Needs food chopped
- Chokes easily
- Other \_\_\_\_\_
- Explain:

## Overall Independence

- Independent, prefers to do things for self
- Usually independent; finds occasional praise or encouragement helpful
- Takes moderate responsibility for self; needs some assistance
- Often dependent: unable or unwilling to do things for self
- Totally dependent on others
- Other \_\_\_\_\_
- Explain:

**Please provide any additional information helpful to your camper and the FLLC staff:**

\* \* \* \* \*

**Complete the Daily Medication Form on next page if your camper has Medications.  
NOTE: ALL MEDICATIONS MUST ACCOMPANY CAMPER IN ORIGINAL CONTAINERS**

**Instructions for completing Daily Medication Form**

1. Please fill in medication and dosage with time of administration.
2. Please note dosage of pills sent and number of pills to be given per dose.
3. If special method of dispensing is needed, please check:  
     crush & mix with food or liquid  
     needs to be refrigerated  
     other: \_\_\_\_\_
4. If medications are set up ahead of time in daily dose dispenser, please complete the following "Daily Medication Record"

