For Camp Office Use Only:
Voyageurs session_____ Year_____ Counselor_____ Cabin #_____

DAILY LIVING

(Carefully review and check any and all that apply.)

Camper's name_____ DOB_____/_____/_____ Age_____ Male ☐ Female ☐

BEHAVIOR

Personality

☐ No behavior problems ☐ Repetitive movements ☐ Requests unneeded assistance
☐ Tendency for self-injury ☐ Physically aggressive/abusive ☐ Verbally aggressive/abusive
☐ Verbally disruptive ☐ Shy/withdrawn ☐ Has panic/anxiety attacks
☐ Has excessive mood swings ☐ Frequently demonstrates negative, attention-seeking behavior
☐ Hallucinates
☐ Has excessive fears/phobias:_____
☐ Demonstrates inappropriate sexual behaviors towards self ☐ toward others ☐
☐ Steals

Required interventions

☐ Firm, consistent approach ☐ Provide one-on-one attention ☐ Limit setting
☐ Increase reassurance affirmation ☐ Allow opportunity to express feelings ☐ Use time-outs
☐ Discourage excessive dependence ☐ Move to area of decreased stimulation ☐ Provide rewards
☐ Encourage independence ☐ Verbally redirect for inappropriate behavior ☐ Limit privileges

Please share any suggestions of effective behavior management techniques that our staff may use to help the camper be successful. _____
_____

COMMUNICATION

☐ Does not speak ☐ Hears well ☐ Adequate vision
☐ Speaks clearly ☐ Speaker needs to adjust voice ☐ Wears glasses
☐ Able to verbalize needs and/or ideas ☐ Wears right hearing-aid ☐ Wears contacts
☐ Needs reminders to speak slowly ☐ Wears left hearing aid ☐ Needs assistance with
☐ Uses sign language ☐ Needs assistance with hearing aid with glasses/contacts
☐ Uses communication board ☐ Needs questions requiring "Yes" or "No" answers

DIETARY

Special diet: No ☐ Yes, _____

☐ Food allergies:_____

☐ Needs feeding ☐ Needs soft foods ☐ Needs assistance cutting up food, preparing bread, etc.
☐ Limit portions ☐ Slow eater ☐ Needs reminders to eat slowly
☐ Difficulty chewing ☐ Difficulty swallowing ☐ Encourage fluids ☐ Limit evening fluids

☐ Must avoid caffeine ☐ Must limit caffeine to (amount) _____ cup(s)

DRESSING

☐ Independent ☐ Needs assistance in selection only ☐ Needs total assistance
☐ Needs extra time ☐ Needs cleanliness monitored ☐ Needs reminders to change soiled clothing
☐ Needs limited assistance with_____

GROOMING

☐ Independent ☐ Showers independently ☐ Needs assistance showering
☐ Needs physical assistance with washing, shaving, brushing, etc. ☐ Needs extra time
☐ Needs verbal prompting/reminders to wash face & hands, brush teeth, comb hair, shave, etc.

☐ Needs assistance with_____

MOBILITY

☐ Encourage activity ☐ Ambulates distances without difficulty ☐ Uses cane
☐ Restrict activity ☐ Ambulates short distances only ☐ Uses walker
☐ Needs assistance ☐ Wears braces/splints
☐ Uses self-propelled wheelchair ☐ Needs assistance with wheelchair
☐ Needs assistance of 1 person ☐ or 2 persons ☐ for transfers

SLEEPING

☐ Sleeps well at night ☐ Does not have problems falling asleep ☐ Goes to sleep late
☐ Does not sleep well at night ☐ Has problems falling asleep at night ☐ Sleepwalks
☐ Early riser ☐ Has difficulty rising in the morning ☐ Has nightmares
☐ Naps during the day

TOILETING

☐ Independent ☐ Needs reminders
☐ Regular bowel pattern ☐ Tendency for constipation ☐ Tendency for loose stools
☐ Wears disposable pads, briefs, or liners ☐ Needs assistance with disposable pads
☐ Awakens during the night to toilet ☐ Needs to be awakened during the night to toilet
☐ Needs assistance cleansing after toileting ☐ Needs assistance arranging clothing

☐ Needs toileting schedule, take every _____ hours during the day

☐ Needs monitoring for soiled bedding every _____ hours during the night

Females: ☐ Independent with sanitary pads ☐ Needs assistance with sanitary pads ☐ Not applicable

SUPERVISED CAMP ACTIVITIES

☐ Able to swim ☐ May not ride pontoon ☐ Needs ear plugs
☐ Unable to swim ☐ May not participate in swimming
☐ Must wear sunscreen ☐ Must stay out of sun

Please indicate if there are any concerns regarding cabin-mate assignments and other pertinent information (e.g. tobacco use) to help camp staff assist camper to function in as much the same way at camp as he/she does at home.

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MED SHEET

This sheet can be completed and sent to Metigoshe Ministries at anytime with a deadline of 14 days prior to camp. If any changes are made after submitting, please email the changes to registrar@metigosheministries.com and also alert camp staff upon arrival to camp.

In order to facilitate medication/vitamin administration and ensure compliance, please complete the following medication/vitamin administration record. Medications are administered, generally, at mealtimes and bedtime (HS) whenever possible. Please list prn medications (medications ordered as needed—Tylenol, antacids, skin creams, etc.) at the bottom of the medication chart.

- **We appreciate you sending enough medication for the scheduled days. Please do not send a camper's entire supply of medication.**
- **The medication needs to be labeled with the name of the person and accompanied with a listing of what the medication is, what time of day it is taken and any other special instructions to go with it.**
- **Please send medicine in a pill planner or nexpack.**
- **In order to organize our medication system, medication lists, including time to administer or MAR, must be mailed or emailed *(registrar@metigosheministries.com)* to camp 14 days prior to the scheduled camp session. If changes are made after mailing medication lists, please alert camp staff upon arrival.**
- **For large bulk over-the-counter meds (Metamucil, etc), please send in a small container or baggie and we will measure it at camp.**
- **Please include information if medication needs to be crushed.**

Camper's name_____ Allergies_____

NAME OF MEDICATION		MONDAY	TUESDAY	WEDNESDAY	THURSDAY
	B D S HS				
	B D S HS				
	B D S HS				
	B D S HS				
	B D S HS				

NAME OF MEDICATION		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	B D S HS					
	B D S HS					
	B D S HS					
	B D S HS					
	B D S HS					
	B D S HS					
	B D S HS					
	B D S HS					
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