

CAMPER CARE SHEET

Name: _____

Age: _____

Date of Birth: _____

EATING HABITS	YES	NO	SPECIFICS
- can eat and drink him / herself			
- can make his / her own decision			
- uses special materials to eat			
- eats his / her food in a special way			
- uses a straw			
- <i>FOOD ALLERGIES- LIST</i>			
LIFTING AND MOVEMENT	YES	NO	SPECIFICS
- two person lift			
- can walk (with help)			
- has his/her own (electric) wheelchair			
- uses braces			
- other			
TOILET NEEDS	YES	NO	SPECIFICS
- uses the toilet			
- uses the bedpan / urinal			
- wears diapers			
- uses fleets or suppositories			
- other			
WASHING HABITS	YES	NO	SPECIFICS
- takes a bath			
- takes a shower			
- brushes teeth with help			
- needs help shaving / combing hair			
- uses after-shave / perfume / make-up			

- uses cream			
- other			
CLOTHING NEEDS	YES	NO	SPECIFICS
- picks his / her own clothes			
- dress camper (partly) in bed			
- can help in lifting up			
- wears braces			
- wears glasses			
- other			
SLEEPING NEEDS	YES	NO	SPECIFICS
- sleeps on his / her back			
- wears pajamas			
- takes a nap during break-time			
- needs bed-rails up			
- wears braces at night			
- other			
SWIMMING NEEDS	YES	NO	SPECIFICS
- uses life jacket			
- uses inner tube			
- wears diapers in the swimming pool			
- other			
COMMUNICATION AND SOCIAL CONTACT	YES	NO	SPECIFICS
- can talk			
- uses a word-board / computer			
- blinks with the eyes			
- likes to communicate			
- needs stimulation to make social contact			
- other			

MEDICATIONS – listed on Health Form			
Takes medications with water, applesauce, other. Please identify			