



CAMPER PROFILE

CAMP: _____

This form is to be completed the **day before** the camper arrives at Camp Health, Hope & Happiness. Please describe in **detail** the best method of personal care for this camper and explain how much the camper can do on his/her own. This will ensure that the camp staff have up-to-date information on the camper for proper care.

NAME: _____

Alberta Health Care #: _____

EMERGENCY:

List the names of 2 individuals who will be available 24 hrs while the camper is attending camp

Name: _____

Doctor's Name: _____

Phone #: _____

Phone #: _____

Name: _____

Hospital: _____

Phone #: _____

MEDICATIONS: (Includes Insulin)

Name of Medication

Dose

Time(s) Given

Include non-prescription drugs used on a necessary basis (eg. aspirin, antacids, vitamins). State when given and why:

ALLERGIES: _____

BOWEL ROUTINE

1. What is this camper's bowel pattern? (eg. every second day) _____

2. When did this camper last have BM? Date: _____

3. If this camper is overdue on his/her BM routine, what is used? Laxatives Suppositories Enemas Other _____

TOILETING:

Uses incontinence pads? Yes No Type used _____ Soaker pad on bed at night? Yes No

EATING (State if on special diet and enclose diet plan): _____

DRINKING: _____

SLEEPING: Any sleeping concerns or requirements? _____

BATHING, ETC.: _____

BEHAVIOURS (violent reactions, disruptive behaviour, attention seeking, faking illness, etc.): How are these behaviours handled? _____
