



Camper Information Form

This information is for use by Camp CILCA's staff in providing the highest quality experience possible for your camper. All of the information is considered confidential and is utilized in the strictest professional manner. All questions are optional.

Camp: Joyful Hearts
Full week or Half Week

Name _____

Workplace &/or School _____

Hobbies and Special Interests _____

What activities is this camper especially interested in doing?

arts n crafts canoeing swimming other(s): _____

Any fears this camper has _____

Has this camper had any previous negative experiences at this or another camp?

Has this camper been away overnight before? yes no

Does this camper require sign language interpretation? no yes

Ratio of staff-to-camper care needed (circle one) 1:1 1:2 1:3

Additional information:

- Any specific communication cues for needing to use the restroom or for feeling ill?

- Any special habits & meaning _____

- Any special routines (morning /evening) _____

- Bed wetting or sleep walking concerns _____

- ADHD _____

- Home environment/structure _____

- Dealing with behavior _____

- Recent event's in the camper's life _____

Please provide us with any additional information you think will help us in providing a positive experience for the camper. _____

This form was filled out by: _____ Date _____

Relationship to the camper _____

Contact #: _____ Email: _____

Please submit this form to Camp CILCA prior to arrival if possible

Camp CILCA 4124 Camp CILCA Road Cantrall, 62625

Phone: 217-487-7497



Health Information Form

Camp: Joyful Hearts
Full week or Half Week

Name of Camper _____

Camper's Physician _____ Phone no. _____

Please list camper's primary disability/ health condition and any operations or serious illnesses in the year:

How would you describe the camper's current health? Good Fair Poor

Date of last tetanus shot:

List any **chronic health problems** (asthma, diabetes, etc.) and treatment which the nurse should be aware:

List any **allergies** the camper might have (include food allergies, medicine, plant, animal, insect)

Has the camper recently been exposed to or is he/she a carrier of a contagious disease? no yes

If yes please describe:

Has the camper been hospitalized /treated in the ER within the past 3-4 months? no yes

If yes please describe:

List any dietary restrictions the camper might have. (If **diabetic**, please list total number of calories per day)

Does the camper have seizures? no yes (If **yes**, please fill out the current status information below)

Type of seizure Frequency Duration Date of last seizure

Describe reaction before, during, and after the seizure.

Please write down the medications to be taken at camp **OR** attach a print out to this page.

Medications	Dosage	Times given	Reasons for medication

This health history and information is correct so far as I know.

Signature: _____ Date _____

Relationship to the camper _____

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