



**Thank you for your interest in Camp Sonshine. Please fill out the following application and return it as soon as possible by mail, fax or email:**

**Camp Sonshine  
c/o Camp Manatawny  
33 Camp Road  
Douglassville, PA 19518**

**FAX: 610-689-0174**

**ATTACH FILE TO EMAIL:  
[reg@manatawny.org](mailto:reg@manatawny.org)**

**Feel free to contact us with any further questions or comments.  
610-689-0173**



### CAMPER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FEMALE  MALE DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

T-SHIRT SIZE:  YOUTH (S,M,L) \_\_\_\_\_  ADULT (S,M,L,XL) \_\_\_\_\_

LEVEL OF DISORDER:  MILD  MODERATE  SEVERE

PRIMARY DIAGNOSIS: \_\_\_\_\_

SECONDARY DIAGNOSIS: \_\_\_\_\_

LIST SPECIAL EQUIPMENT USED: \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE # (HOME): \_\_\_\_\_ ( CELL): \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACT FOR EVENT

NAME: \_\_\_\_\_

RELATIONSHIP TO CAMPER: \_\_\_\_\_

PHONE # (HOME): \_\_\_\_\_ ( CELL): \_\_\_\_\_

**\*\*WILL THE CAMPER BE STAYNG OVERNIGHT?  YES  NO**

**PLEASE CHECK ALL THAT APPLY**

**MOBILITY**

- WALKS INDEPENDENTLY
- NEEDS ASSIST DEVICE: \_\_\_\_\_  
\_\_\_\_\_

**TOILETING**

- INDEPENDENT
- NEEDS ASSISTANCE
- NEEDS TO BE REMINDED

**MEAL TIME**

- INDEPENDENT
- NEEDS ASSISTANCE: \_\_\_\_\_
- FOOD PREFERENCES: \_\_\_\_\_
- FOOD ALLERGIES: \_\_\_\_\_

**COMMUNICATION**

- COMMUNICATES WELL
- LIMITED VERBAL COMMUNICATION
- USES PICTURE BOARD
- SIGN LANGUAGE
- SPECIAL NOTES: \_\_\_\_\_  
\_\_\_\_\_

**ACTIVITY LIMITATIONS**

- TIRES EASILY
- RUNNING
- WATER ACTIVITIES
- HORSES
- OTHER: \_\_\_\_\_  
\_\_\_\_\_

**PERSONALITY/SOCIALIZATION**

- Friendly toward others
- Tends to avoid social contact
- Participates with group activity
- Tends to play alone
- Acts without thought of consequences
- Can be redirected toward appropriate behavior
- Easily becomes involved in activities
- Has difficulty focusing on activity
- Willing to try new things
- Likes consistent routine
- Shows excessive motor activity
- Seems sad or melancholy

ADDITIONAL INFORMATION THAT WILL HELP US BETTER UNDERSTAND THE CAMPER AND ENSURE HE/SHE HAS A GREAT TIME AT CAMP:

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CHALLENGING BEHAVIORS THAT OUR STAFF MIGHT ENCOUNTER - PLEASE BE SPECIFIC ABOUT BEHAVIOR AND TRIGGERS (BITING, PINCHING, ETC.):

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APPROACH TO CHALLENGING BEHAVIORS THAT WORKS BEST:

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## MEDICAL INFORMATION

**CAMPER NAME:** \_\_\_\_\_

### HEALTH HISTORY

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> HEADACHES      | <input type="checkbox"/> POOR HEAT TOLERANCE | <input type="checkbox"/> DIZZINESS      |
| <input type="checkbox"/> ABDOMINAL PAIN | <input type="checkbox"/> EAR TROUBLE         | <input type="checkbox"/> NOSE BLEEDS    |
| <input type="checkbox"/> FAINTING       | <input type="checkbox"/> CONSTIPATION        | <input type="checkbox"/> STOMACH UPSETS |

How are these symptoms treated, if significant? \_\_\_\_\_

\_\_\_\_\_

LIST ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

DOES THE CAMPER SUFFER FROM SEIZURES?       YES       NO

Date of last seizure: \_\_\_\_\_ Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

Severity: \_\_\_\_\_

Special instructions: \_\_\_\_\_

OTHER HEALTH/ MEDICAL ISSUES OR CONCERNS? (Use back of page, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST CURRENT MEDICATIONS\* (NUTRACEUTICALS) AND DOSING SCHEDULE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*BRING ALL MEDS IN ORIGINAL PRESCRIPTION CONTAINER TO THE CAMP NURSE**

INSURANCE CO. NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

POLICY HOLDER: \_\_\_\_\_

RELATIONSHIP TO CAMPER: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_

**CONSENTS:** To the best of my knowledge, the health information given above is correct. I understand that I will be notified if an injury or illness occurs. However, if I am unable to be reached, I grant permission to the medical staff at Camp Sonshine to secure proper medical treatment for my child.

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_

DATE

I grant permission for my child's picture to be used anonymously in Camp promotional materials.

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_

DATE

## NOW SOME QUESTIONS FOR THE CAMPER-TO-BE!

Please have applicant assist with completing the following questions as able.

These answers will help our staff get to know him/her better!

The best movie I've seen recently is \_\_\_\_\_

My favorite TV program is \_\_\_\_\_

One thing I do very well is \_\_\_\_\_

I know a lot about \_\_\_\_\_

One of the things I like best about myself is \_\_\_\_\_

My favorite game is \_\_\_\_\_

The thing I like to do with my friends is \_\_\_\_\_

Sometimes I'm afraid of \_\_\_\_\_

Special activities I enjoy are \_\_\_\_\_

When I have free time I like to \_\_\_\_\_

My favorite bedtime routine is \_\_\_\_\_

\_\_\_\_\_