



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:
JoAnne Earnest
jearnest@dejazzd.com

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

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Friendly toward others <input type="checkbox"/> Tends to avoid social contact <input type="checkbox"/> Participates with group activity <input type="checkbox"/> Tends to play alone <input type="checkbox"/> Acts without thought of consequences <input type="checkbox"/> Can be redirected toward appropriate behavior | <ul style="list-style-type: none"> <input type="checkbox"/> Easily becomes involved in activities <input type="checkbox"/> Has difficulty focusing on activity <input type="checkbox"/> Willing to try new things <input type="checkbox"/> Likes consistent routine <input type="checkbox"/> Shows excessive motor activity <input type="checkbox"/> Seems sad or melancholy |
|---|--|

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

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

APPROACH TO CHALLENGING BEHAVIORS THAT WORKS BEST:

MEDICAL INFORMATION

CAMPER NAME: _____

HEALTH HISTORY

- HEADACHES POOR HEAT TOLERANCE DIZZINESS
- ABDOMINAL PAIN EAR TROUBLE NOSE BLEEDS
- FAINTING CONSTIPATION 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 a serious injury or illness occurs. However, if I am unable to be reached, I give my permission to the Camp Sonshine medical staff 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 _____
