



CAMPER PROFILE

CAMP: _____

THIS FORM IS TO BE COMPLETED THE **DAY BEFORE** THE CAMPER ARRIVES AT CAMP HEATH, HOPE & HAPPINESS.

NAME: _____ ALBERTA HEALTH CARE # _____

EMERGENCY CONTACTS:

TWO INDIVIDUALS AVAILABLE 24HRS WHILE THE CAMPER IS ATTENDING CAMP (AND ANSWER QUESTIONS REGARDING THE CAMPER'S CARE)

1. NAME: _____ DOCTOR'S NAME: _____

1. PHONE #: _____ PHONE #: _____

2. NAME: _____ HOSPITAL: _____

2. PHONE #: _____

MEDICATIONS (INCLUDING: INSULIN, LOTIONS, VITAMINS, INHALERS):

* PLEASE INCLUDE THE LOCATION THAT LOTIONS ARE TO BE APPLIED TO

NAME OF MEDICATON	DOSE	TIME (S) GIVEN
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRN MEDICATIONS GIVEN (INCLUDING REASON)

_____	_____	_____
_____	_____	_____

HOW DOES THE CAMPER TAKE THEIR MEDS? WHOLE CRUSHED IN APPLESAUCE

IF THE CAMPER HAS DIABETES, WHEN IS THEIR BLOOD SUGAR CHECKED? _____

ALLERGIES (INCLUDE REACTION): _____

BOWEL ROUTINE:

1. DESCRIBE THE CAMPER'S BOWEL PATTERN: DAILY EVERY 2/3 DAYS WEEKLY

2. WHEN DID THIS CAMPER LAST HAVE A BM? DATE: _____

3. IF THIS CAMPER IS OVERDUE ON HIS/HER BM ROUTINE,? FIBRE/BRAN LAXATIVES SUPPOSITORIES

TOILETING:

USES INCONTINENCE PADS? YES NO **TYPE:** _____ **SOAKER PAD AT NIGHT** YES NO

EATING/DRINKING (STATE IF THE CAMPER IS ON A SPECIAL DIET/THICKENED FLUIDS AND/OR REQUIRES ASSISTANCE): _____

SLEEPING (ANY SLEEPING REQUIREMENTS/CONCERNS?): _____

BEHAVIORS (ATTENTION SEEKING, FAKING ILLNESS, DISRUPTIVE BEHAVIORS, VIOLENT REACTIONS ETC.) HOW ARE THESE BEHAVIORS MANAGED? : _____

