



# CAMPER PROFILE

CAMP: \_\_\_\_\_

THIS FORM IS TO BE COMPLETED THE **WITHIN 24HRS** OF WHEN THE CAMPER ARRIVES AT CAMP HEATH, HOPE & HAPPINESS.

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

DATE: \_\_\_\_\_

## EMERGENCY CONTACTS:

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

1. NAME: \_\_\_\_\_ 2. NAME: \_\_\_\_\_

1. PHONE #: \_\_\_\_\_ 2. PHONE #: \_\_\_\_\_

RELATIONSHIP TO CAMPER: \_\_\_\_\_ 2. RELATIONSHIP TO CAMPER: \_\_\_\_\_

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

1. ARE THERE ANY MEDICATION CHANGES SINCE THE MEDICAL FORM WAS SUBMITTED?  YES  NO
2. IS THE CAMPER TAKING ANY PRN MEDICATIONS AT THIS TIME THAT ARE NOT INDICATED ON THE LIST OF MEDICATIONS PROVIDED WITH THE MEDICAL FORM?  YES  NO
3. IF THE CAMPER IS TAKING PRN'S, WHEN WAS THE LAST TIME THAT THEY RECEIVED THIS MEDICATION?  
DATE AND TIME: \_\_\_\_\_

**\*\*\*IF THE ANSWER IS YES TO EITHER OF THE FIRST TWO QUESTIONS ABOVE, PLEASE PROVIDE A NEW MAR SHEET INCLUDING THESE MEDICATIONS OR COMPLETE THE "WEEKLY MEDICATION LOG" THAT HAS BEEN PROVIDED\*\*\***

## DIABETES

1. WHEN WAS THE LAST TIME THAT THE CAMPER'S BLOOD SUGAR WAS CHECKED?  
DATE AND TIME \_\_\_\_\_
2. WHAT WAS THE BLOOD SUGAR LEVEL \_\_\_\_\_ MMOL/L

## BOWEL ROUTINE

1. THE CAMPER'S BOWEL ROUTINE CHANGED SINCE MEDICAL FORM WAS COMPLETED?  YES  NO  
IF SO, WHAT IS THEIR ROUTINE AT THIS TIME \_\_\_\_\_
2. WHEN DID THIS CAMPER LAST HAVE A BM? DATE: \_\_\_\_\_

## BEHAVIOUR

1. HAVE THERE BEEN ANY BEHAVIOUR CHANGES SINCE REGISTRATION WAS COMPLETED?  YES  NO  
(ATTENTION SEEKING, FAKING ILLNESS, DISRUPTIVE BEHAVIORS, VIOLENT REACTIONS ETC.)  
\_\_\_\_\_
2. HOW ARE THESE BEHAVIORS MANAGED? : \_\_\_\_\_



# Weekly Medication Log

Camper's Name: \_\_\_\_\_  
 Date Form Completed: \_\_\_\_\_  
 Page \_\_\_\_\_ of \_\_\_\_\_

			Sun	Mon	Tue	Wed	Thurs	Fri	Sat	
Medication Name	Dosage	Delivery Method (crushed, w/ apple sauce, milk, food etc..)								Notes
			AM							
			Noon							
			PM							
			Bed							
			PRN							
			AM							
			Noon							
			PM							
			Bed							
			PRN							
			AM							
			Noon							
			PM							
			Bed							
			PRN							
			AM							
			Noon							
			PM							
			Bed							
			PRN							

**Please list all medications including prescriptions, vitamins, herbals, lotions, inhalers etc.  
 For all lotions, please include instructions for application including specific location.**