



2021 RLCA HANDI-CAMP
ADDITIONAL INFORMATION
COMPLETE THIS FORM AND RETURN TO THE CAMP OFFICE
This form is due three weeks prior to camp session.

RLCA, PO Box 340, Vestaburg, MI 48891 www.rlca.org 989-268-5377 info@rlca.org

Please complete ALL of the appropriate information. ***This information is essential to provide appropriate care during the weekend camp.*** If the information requested does not apply, simply place an "NA" in the space provided.

Camper's Full Name _____

Previous Camping Experience? ☐ Yes ☐ No

Height _____ Weight _____

IT IS IMPORTANT that you provide essential information regarding the camper's disabilities and specific needs. This is the information that will be used in arranging specific provisions for the campers. Based on the level of care required for the camper, and the staffing patterns of a specific Handi-Camp Session, you may be required to provide a caretaker for the duration of the session.

Primary Disability _____

Disabilities (List ALL) _____

Physical Disabilities / Limitations _____

Physical Disability Involves: Legs ☐ R ☐ L Arms ☐ R ☐ L Hands ☐ R ☐ L Head ☐ Breathing ☐

Mobility: Independent ☐

Needs Assistance With: Walker ☐ Crutches ☐ Wheelchair ☐

If in Wheelchair: Propels Self ☐ Must Be Pushed ☐

For non-ambulatory campers, it is the responsibility of the parent/guardian/caregiver to provide a wheelchair or other device that is safe and in optimum operational condition. Be certain that wheels, brakes and seatbelts are safe and fully operational.

Vision: Normal ☐ Glasses ☐ Contacts ☐ Vision Impaired ☐ Legally Blind ☐

Hearing: Normal ☐ Deaf ☐ Hearing Impaired ☐ Uses Hearing Aids ☐ (bring extra batteries)

Communication: Verbal ☐ Speech Difficulty ☐ Nonverbal ☐ Signs ☐

 Gestures ☐ Uses Communication Board ☐

Seizure Disorder: Type & Frequency _____

Date of Last Seizure: _____ Wears Helmet: Yes ☐ No ☐

Special Care for Seizures: _____

Allergies: _____

Precautions / Special Instructions: _____

Personal Care: Independent ☐ Requires Assistance ☐ Dependent ☐

Level of Care Required:

Showering / Bathing: _____

Toileting: Uses Toilet ☐ Uses Bedpan ☐ Catheterizes Self ☐ Must be Catheterized ☐

 Wears "Depends" ☐ Prompts After Toileting ☐ Assistance after Toileting ☐

Mealtime: Uses Utensils ☐ Uses Fingers ☐ Uses Special Container ☐

 Requires Bib ☐ Uses Straw ☐ Tube Feeding Required ☐

Dietary Restrictions: _____

Special Foods / Textures: _____

Other Mealtime Provisions: _____

Nighttime: Nighttime Incontinence ☐ Wears "Depends" ☐ Gets Up During Night ☐
 Develops Bedsores ☐ Sleeps on: Back ☐ Stomach ☐ Side ☐ (R L)

Other Considerations: _____

Other Needs: _____

Activities Camper **SHOULD NOT** Engage In: _____

Discipline / Inappropriate Behavior Concerns: _____

Like / Dislikes to be aware of: _____

Special Interests / Skills: _____

Reading Skill: Yes ☐ No ☐ With Assistance ☐

Writing Skill: Yes ☐ No ☐ With Assistance ☐

Other Pertinent Information that would be helpful to the staff:

If the camper requires additional treatments or devices that must be administered by a qualified staff person, please include below and bring to the attention of the medical staff at the time of registration at camp.

Has this individual ever been the victim of abuse? Yes ☐ No ☐

If yes, please explain:

Has this individual ever been charged with abuse or related misconduct? Yes ☐ No ☐

If yes, please explain:

I certify that the information provided on this application is true and accurate to the best of my knowledge. I assume full responsibility for all property belonging to the camper. I will not hold Rock Lake Christian Assembly or any of the staff responsible for any damage or loss of said property.

I request that Rock Lake Christian Assembly obtain necessary emergency medical treatment for the camper as needed. I understand that I and/or my medical provider will be responsible for medical cost incurred for such emergency medical care required during the Handi-Camp.

We must be able to contact the Parent, Guardian or Caretaker for the camper at any time, day or night, during the duration of the camp session. If you will be unable to respond to any communication at any time regarding the camper, you must provide an alternate contact person for the camp to call. That person must be able to contact you promptly.

Signature Required:

Parent / Guardian / Caregiver Date