



Length of seizure \_\_\_\_\_ Recovery time/behavior \_\_\_\_\_

**SPECIAL APPLIANCES/AMBULATION**

• uses a wheelchair? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Long distances only \_\_\_\_\_ Manual \_\_\_\_\_ Electric

Needs assistance in transferring \_\_\_\_\_ Yes \_\_\_\_\_ No Can support weight in transfer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there scheduled times out of wheelchair? Describe \_\_\_\_\_

• Does applicant require assistance in walking? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, does applicant use:

_____ Support from other person	<b>Describe gait</b>	<b>Does applicant wear or use?</b>
_____ Cane	_____ Stable	_____ Splints
_____ Walker	_____ Unsteady	_____ Brace
_____ Crutches	_____ Falls easy	
_____ Other (gait belt, etc.) Describe: _____		

• Does applicant require range of motion exercise? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

**EATING**

Assistance level: \_\_\_\_\_ No help \_\_\_\_\_ Some help \_\_\_\_\_ All help

Appetite: \_\_\_\_\_ Large \_\_\_\_\_ Medium \_\_\_\_\_ Small

Special diet? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe: \_\_\_\_\_

Does applicant require: \_\_\_\_\_ Special utensils (please mark and bring) \_\_\_\_\_ Chopped food  
\_\_\_\_\_ Pureed food \_\_\_\_\_ Diet supplements (\*please bring)

Does applicant have difficulty: \_\_\_\_\_ Swallowing \_\_\_\_\_ Chewing \_\_\_\_\_ Drinking

Is applicant: \_\_\_\_\_ Right \_\_\_\_\_ Left handed

Further eating instructions: \_\_\_\_\_

**PERSONAL HYGEINE**

Assistance level: \_\_\_\_\_ No help \_\_\_\_\_ Some help \_\_\_\_\_ All help

Please check **All** applicant may need assistance with:

_____ Washing hands and face	_____ Combing hair
_____ Bathing, showering	_____ Shaving
_____ Brushing teeth	_____ Menstrual care (please bring)

**TOILETING**

Is applicant independent in toileting? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does applicant need to be reminded? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does applicant have accidents? \_\_\_\_\_ Frequently \_\_\_\_\_ Seldom \_\_\_\_\_ Never

Does applicant have bladder control during the **day**: \_\_\_\_\_ Yes \_\_\_\_\_ No **Night** \_\_\_\_\_ Yes \_\_\_\_\_ No

Does applicant have bowl control during the **day**:  Yes  No **Night**  Yes  No  
Is applicant on toileting schedule?  Yes  No Describe: \_\_\_\_\_

**TOILETING** Does the applicant use: (please bring if applicable)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Never	<b>Diapers-Attends</b>	Describe: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Enema</b>	Type _____	How often: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Suppository</b>	Type _____	How often: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Laxative</b>	Type _____	How often: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Urinal</b>	Day _____	Night _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Bedpan</b>	Day _____	Night _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Commode</b>	Day _____	Night _____

Further Toileting Instructions: \_\_\_\_\_

**COMMUNICATION**

Can applicant communicate wants/needs?  Yes  No Describe how: \_\_\_\_\_

Does applicant understand and respond to questions?  Yes  No

**METHODS OF COMMUNICATION:**

Verbal  Non-verbal  \*Sign Language  Communication Board (please bring)

Further communication instructions: \_\_\_\_\_

\*Please list signs applicant communicates with: \_\_\_\_\_

**DRESSING**

Does applicant need help with dressing?  No help  Some help  All help  
Please check what applicant will need help with:  Buttons  Shoes  Socks  Fasteners  
 Zippers  Shirts  Pants

Further Dressing Instructions: \_\_\_\_\_

Can applicant identify personal belongings and clothing items?  Yes  No

(\* Reminder: Please MARK ALL personal belongings and clothing\*)

**BEHAVIORAL**

Check those behaviors which apply to applicant:

<input type="checkbox"/> No unusual behavior	<input type="checkbox"/> Verbally aggressive
<input type="checkbox"/> Physically aggressive towards others	<input type="checkbox"/> Wanders/runs away
<input type="checkbox"/> Self injurious	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Withdrawn/shy	Explain any checked behavior and method of dealing with behavior: _____
<input type="checkbox"/> Temper tantrums	
<input type="checkbox"/> Any sleep difficulties	

Is applicant presently on behavior modification program?  Yes  No

If yes, please attach two copies of the program you wish camp staff to be aware of.

Has applicant been away from home before?  Yes  No

Are problems with homesickness anticipated?  Yes  No

Further behavior information or instructions: \_\_\_\_\_

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**PERSONAL**

Does the applicant attend school, work or day program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Where? \_\_\_\_\_

Is applicant employed? \_\_\_\_\_ Yes \_\_\_\_\_ No Where? \_\_\_\_\_

Please list activities which applicant enjoys: \_\_\_\_\_

Please list any additional information (likes, dislikes) which may be helpful to us in caring for the applicant: \_\_\_\_\_

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*In the operation of our child nutrition Program(s) authorized by the United States Department of Agriculture, no child will be discriminated against because of race, color, sex, national origin, age or handicap. If anyone believes they have been discriminated against, they should write immediately to the Secretary of Agriculture, Washington, D.C. 20250*

**PARENT OR GUARDIAN CONSENT**

(Please read carefully)

I hereby give my permission for the applicant to attend Camp Winnebago.

Permission is given to Camp Winnebago to use photographs and names (individual or group) of my son/daughter in their camp promotion, including newspapers, magazines, news bulletins, movies, television, displays and news releases.

Permission is given for campers to ride in designated camp vehicles.

In the event I cannot be reached in an emergency I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

**\*By signing this consent form, I hereby agree to the above listed unalterable terms.\***

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Application was finished

Select session(s) desired for camper  
(See enclosed schedule for full information)

1<sup>st</sup> Choice: \_\_\_\_\_  
2<sup>nd</sup> Choice: \_\_\_\_\_

**FEE AGREEMENT**

**PLEASE CHECK AND COMPLETE THE APPROPRIATE BLANK(S). IF NO BLANKS ARE CHECKED, WE WILL ASSUME YOU ARE PAYING THE FULL AMOUNT.**

\_\_\_\_\_ I WILL PAY THE FULL FEE FOR THE APPLICANT

\_\_\_\_\_ I WILL BE PAYING \$ \_\_\_\_\_ PARTIAL FEE FOR THE APPLICANT AND ANOTHER PERSON OR ORGANIZATION WILL BE PAYING THE BALANCE OF \$ \_\_\_\_\_ FOR THE APPLICANT. \_\_\_\_\_

\_\_\_\_\_  
PERSON OR ORGANIZATION

\_\_\_\_\_  
ADDRESS

I would like to contribute \$ \_\_\_\_\_ to the campership fund so that another person might attend Camp Winnebago.

**Please send both copies of the application to Camp Winnebago.**