



Super Camper Information Form

Please fill out both sides of this information form completely.

Once complete, please send to:

Luther Crest Bible Camp
8231 County Road 11 NE
Alexandria, MN 56308

Please Print or Type

Name of Camper _____
Preferred Name (i.e. Nick vs Nicholas) _____ Sex _____
Date of Birth _____ Age _____ Current Grade '20-'21 _____
Mailing Address _____
City _____ State _____ Zip Code _____
Name of person completing this form? _____
Relationship to Camper _____
Parent/Guardian _____
Phone: Home () _____ Work () _____ Cell () _____

Please give a brief description of camper's disability:

Has the camper ever spent the night away from home before? For how long?

AMBULATION

Does camper require assistance in walking? Yes _____ No _____ If yes, explain _____
Does camper require use of a wheelchair? Yes _____ No _____ Manual _____ Electric _____ Other _____
Does camper need assistance in transferring? Yes _____ No _____
What are scheduled times out of wheelchair? _____

SLEEPING

Tell us more about bedtime for the camper. What is the traditional bedtime? _____ Do you have
concerns about your child/youth sleeping in a group setting? Anything else we should know?

EATING

Does camper require assistance in eating? Yes _____ No _____ If yes, explain _____
Food Allergies _____
Normal Appetite Large _____ Medium _____ Small _____
Please further explain eating instructions: _____

PERSONAL CARE

Does camper require assistance in personal care? Yes _____ No _____
Does camper need assistance with: _____ Washing Face and Hands _____ Showering
_____ Bathing _____ Brushing Teeth _____ Menstrual Care

_____ Shaving _____ Combing Hair _____ Other _____
Please further explain person care: _____

BATHROOM USE
Does camper require assistance in the bathroom? Yes _____ No _____
Is camper on a bathroom schedule? Yes _____ No _____ If yes, please explain _____
Does camper have bladder/bowel control during the day? Yes _____ No _____ During Night? Yes _____ No _____
Please further explain bathroom use: _____

COMMUNICATION
Can camper communicate wants/needs? Yes _____ No _____
Can camper communicate pain? Yes _____ No _____
Does camper understand and respond to questions? Yes _____ No _____
Please further explain communication: _____

DRESSING
Does camper need help with dressing? Yes _____ No _____ Some help _____ All help _____
Please further explain dressing needs: _____

SOCIAL INTERACTION SKILLS
Explain any behaviors or methods of dealing with behaviors: _____

Describe for us typical behaviors and consequences for your child/youth. Are they currently under a special discipline plan? _____

What do you anticipate the greatest challenge to be for staff working with your child/youth? _____

Please share any information on how your child/youth may need special assistance with swimming, hiking, outdoor games, worshipping in a large group setting, campfires, etc. _____

Please share any other information that you think might be helpful _____

