



# 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 '21-'22 \_\_\_\_\_  
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:

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

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### 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? \_\_\_\_\_

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### EATING

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

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**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** \_\_\_\_\_  
 \_\_\_\_\_  
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