

# Seguin RCA Camp

## Health information

Camper's name: \_\_\_\_\_

SEX  MALE  FEMALE \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

Any health or medical changes from last year to this year?  YES  NO

If yes describe: \_\_\_\_\_

\_\_\_\_\_

### General health

No limitation in daily activities  Few limitations  Many limitations

### MEDICATION/DEVICES

Any medication changes from last year to this year?  YES  NO

If yes describe: \_\_\_\_\_

\_\_\_\_\_

Can camper administer own medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
Needs verbal prompting <input type="checkbox"/> Yes <input type="checkbox"/> No      Needs supervised guidance <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Dosage	Reason	Duration

### IMPORTANT:

**A physician's order for medications currently being taken by camper must accompany this application. Medication containers/dispensing devices must be marked with campers/ name/ dosage/ medication. It would be most helpful if medication can already be put into dispensing devices for the weekend. (see attached physician's order form.)**

Corrective devices or special equipment needed?  Yes  No

Can person manage these by him herself?  Yes  No

Please indicate  glasses  contact lenses  hearing aid  bridge  dentures

cane  walker

wheelchair -- motorized  non motorized

other \_\_\_\_\_



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Camper's name: \_\_\_\_\_

## **MOBILITY**

Independent  Needs assistance

Describe: \_\_\_\_\_

\_\_\_\_\_

## **COMMUNICATION**

Reads  Understands simple directions  Understands most speech

Writes  Gestures  Talks

Finger Spells  Communication Board

What signs are used? \_\_\_\_\_

\_\_\_\_\_

What signs are understood? \_\_\_\_\_

\_\_\_\_\_

## **VISION (Mark one)**

Sees well (no glasses)

Vision problems (wears glasses)

Little or no useful vision (even with glasses)

## **HEARING (Mark one)**

Hears normal voice

Hears only loud voices

Uses hearing aid

Little or no useful hearing

**Please list other health concerns you would like staff to be aware of**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_