

JEMS Special Camp

ELECTRONIC CAMPER PROFILE

What's New?

The electronic Camper Profile has changed this year. E-mail us your old camper profile and we can import your data from last year.

camp at the top, along with the Camper's name. In order to see



where the entry fields are located, select the "Highlighted Fields" button in the upper-right.

Complete the Camper Profile. To avoid delays in processing the profile, please ensure it is completely filled-out.

IMPORTANT

Upon completing the form, e-mail the electronic version to camper.registrar@jemsspecialcamp.org

- AND -

Print out a copy of the completed

Camper Profile, sign, date and mail a copy to:

Special Camp camper registrar
9456 Cornerkick Place
Elk Grove, CA 95758

Adobe Reader 7 or later is required. Download from www.adobe.com



Filling out the new electronic Camper Profile is easy, and it'll save you time in future years. Adobe Reader 7 or later is required and can be downloaded from www.adobe.com. These examples are illustrated using Adobe Reader 8.

Open the electronic Camper Profile in Adobe Reader. Enter the current year for the

A screenshot of the '2006 JEMS Special Camp Profile' form. The form is titled '2006 JEMS Special Camp Profile' and 'For:'. It contains several fields for personal information, including 'Camper Name', 'Family or members', 'Address', 'City', 'State', 'Zip code', 'E-mail Address', 'Home Phone', and 'Cell Phone'. There is a note at the bottom: 'Please answer all questions on next page. This information will be kept in strict confidence.' The form is displayed within a window titled 'New PDF in Microsoft Word 2007 - Adobe Reader 8.0.0.292'.

JEMS Special Camp Profile

For: _____

Please answer all questions as best you can. This information will be kept in strict confidence.

Camper Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date
Parents or Guardians			
Address		City	State
Zip Code	E-Mail Address		
Home Phone		Cell Phone	
Alternate Contact Name		Alternate No.	
Emergency Contact		Emergency No.	
Alternate Emergency Name		Alt. Emergency No.	

Medical Information

Doctor	Phone
Medical Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No - Name of Insurance Carrier	
Insurance ID # (and any other pertinent information)	
What is your child's medical diagnosis?	
Subject to seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No – Needs seizure medication? Seizure details (e.g., when was the last seizure, what kind, what are factors that lead up to the seizures?):	
Diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No - Needs insulin shot?	
Any hearing problems? <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain:	
Any vision problems? <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain:	
Any disorder(s) of the heart? <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain:	
Any physical limitations, restrictions or handicaps?	
Has the camper had a tetanus shot or booster? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, when?	
List all other immunizations, including date of each latest shot/booster:	

JEMS Special Camp Profile

For: _____

Allergic to penicillin or other medications? If yes, please specify:

Any environmental or any non-food or non-medication allergies? ☐ Yes ☐ No – If so, please list

If any medical/surgical/psychiatric issues during the past year, please explain and include date and type of issue occurrence(s), as applicable:

Are there any residual issues related to above-listed medical/surgical/psychiatric conditions that we should be aware of during camp week?

As related to the above-specified medical/surgical/psychiatric condition(s), has the camper been cleared by his/her physician for active camp participation? ☐ Yes ☐ No ☐ N/A If yes, please attach copy of clearance from MD.

Is a DNR order in place for the camper? ☐ Yes ☐ No If yes, please attach copy of the DNR order to this form.

Spiritual History

To your knowledge, has your camper made a faith decision at any time during his/her life? ☐ Yes ☐ No – If yes, please explain:

Does your camper and/or your family currently attend church, and/or do you have a home church? ☐ Yes ☐ No – If yes, please specify:

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

The following two pages are where you are to document all medications to be administered for your camper during camp week. It is especially important that the information documented on these next two pages be complete, accurate, and up-to-date. Please take special care when entering this information, as proper care and the maintained health of your camper is critically dependent upon this information.

All vitamins, eye drops, inhalers, over-the-counter medications, topical treatments as well as all prescribed medications need to be listed and provided to include the entire duration of camp. Please include any as-needed over-the-counter medications that the camper uses, i.e. headache treatment, itching, cramps. For each and every entry, please list the following: the name of the medication or vitamin, the dosage (i.e., mg/tab, the number of tablets to be given per dose); the frequency of administration of the medication or over-the-counter (i.e., "1 tablet twice daily—8 am and dinner"), purpose, side effects, and special comments if indicated. All medications and over-the-counter drugs need to be in the original labeled container or the labeled medication bubble pack with the camper's name and identification information. Please provide measuring devices for all liquid medications to be administered. Please provide any food that is used for the medication administration, i.e., juice, apple sauce, crackers, etc.

It is your responsibility to update the Health Supervisor (e-mail: health.supervisor@jemsspecialcamp.org) or Camper Care Director (e-mail: campercare@jemsspecialcamp.org) with any changes to this medication profile information that you submit as soon as it occurs and not to wait until camp arrival. Please let us know of changes as soon as it happens. We cannot stress enough the importance of your cooperation in providing us with the most accurate information of the medications needed prior to camp if possible. The accuracy of your completion of this information is critical to help to ensure that your camper has a healthy and satisfying camp week.

JEMS Special Camp Profile

For: _____

Please list all medications:

NAME	PURPOSE	DOSAGE	FREQUENCY (time of day taken)	SIDE EFFECTS, If any	SPECIAL NOTES
EX: MEDICINE_A	To control seizures	500 mg – 1 tablet	2xday/ 8:00 am/ 7:00 pm	Nausea, possible drowsiness	Give crackers to eat prior to giving medication

JEMS Special Camp Profile

For: _____

NAME	PURPOSE	DOSAGE	FREQUENCY (time of day taken)	SIDE EFFECTS, If any	SPECIAL NOTES

JEMS Special Camp Profile

For: _____

Eating/Dieting

Needs help during meals? ☐ Yes ☐ No – If yes: To ensure that behaviors are reinforced, foods are avoided or encouraged during meals, a camper Meal Card is provided to the aide sitting with your camper. Please provide detailed meal time information. Please do not refer to other areas in this profile, but instead repeat information here where necessary.

Example: Johnny is allergic to milk, but please ensure he is well hydrated with juice or water.

Any food allergies? If allergic to certain food items, please list:

Any other dietary restrictions in addition to their food allergies?

Can the camper have an occasional treat such as potato chips, ice cream, soda, etc? ☐ Yes ☐ No

Toileting/Bathroom

How well does the camper express their need to use the toilet?

Is the camper toilet trained? ☐ Yes ☐ No - Needs help in:

Is the camper subject to diarrhea?

Is the camper subject to constipation?

How frequently does the camper normally have a bowel movement?

(If female) Does she menstruate? ☐ Yes ☐ No

JEMS Special Camp Profile

For: _____

Dressing/Bathing

While dressing, needs help in...?

Can take a shower by him/herself? ☐ Yes ☐ No - Needs help in...?

Needs help in brushing teeth/shaving/grooming? ☐ Yes ☐ No - Explain:

Cognitive/Communication

At what grade level would you say the camper's mental abilities are?

Describe the camper's verbal skills:

- ☐ Non-verbal (no speech)
- ☐ Understands (follows directions)
- ☐ Can converse with others
- ☐ Uses sign language (or other motions to communicate)

Suggestions for communicating with the camper:

What teaching methods are most effective with the camper?

Behavioral/Emotional

Is there any tendency to wander or run away? ☐ Yes ☐ No - Explain:

JEMS Special Camp Profile

For: _____

Does the camper have any fears? <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain:
Does the camper have any repetitive behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain:
List any suggestions for handling potentially difficult behavior: (Include most effective means of discipline)
Is there anything you want us to reinforce while the camper is at camp? (better habits or behavior)
What can we praise the camper about?
What are signs of over-stimulation?
What calming techniques work with the camper?
Any sensory sensitivities? If so, please explain:
What are possible triggers that may cause sudden changes in behavior?

Activities/Skills

How many hours of sleep does the camper normally get?	
What time does the camper normally go to bed?	Get up in the morning?

JEMS Special Camp Profile

For: _____

Does the camper normally sleep through the night? <input type="checkbox"/> Yes <input type="checkbox"/> No - Comments:
What are the camper's preferred activities or interests?
What does the camper do on a normal day? (i.e. work, school) Describe physical activity level.
Is the camper able to swim? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please give more detail about level.
Is the camper afraid of water? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please explain:
Describe things that the camper does well in.
The camper's strengths are:
The camper's weaknesses are:
What type of skills does the camper need to work on?

JEMS Special Camp Profile

For: _____

Living Situation

Please fill out the following section if the camper is not living at home with the family.

Camper Address	City	State
Zip Code	How long has the camper been living there?	
House Parent name		Phone
Facility type: <input type="checkbox"/> Board and Care <input type="checkbox"/> Group Home <input type="checkbox"/> Other: (please specify)		
Any roommates? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, please list name(s):		

Miscellaneous

Can the camper be responsible for handling money?
What is the camper's shoe size? (needed for bowling)
What is the camper's T-shirt size (useful when shopping at Main Camp, if camper desires to purchase a T-shirt).
What other needs or information should we be aware of?

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE & CONSENT:

The information provided in this camper profile is correct, and my child has permission to participate in all JEMS Mount Hermon activities except those noted by me and/or the examining physician or health supervisor. I will not hold JEMS, its staff, any of our leased camp sites or agents liable for injury caused by common accident, illness, or the rendering of emergency care. I give permission for this child to be transported by authorized vehicles if an emergency situation arises. JEMS has my permission to obtain a copy of my child's health record from the providers that treat my child. I understand that information about my child's health will be shared on a "need to know" basis with other JEMS staff. I give permission to the physician selected by JEMS to order x-rays, routine tests and treatment for the health of my child. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. This form may be photocopied. I give permission to authorize JEMS staff to use video or photography of my child for promotional purposes.

Parent or Guardian's Signature

Date