



# UPWARD BOUND CAMP

P.O. Box C, Stayton OR 97383  
Phone (503) 897-2447 Fax (503) 897-4116  
Email: camp@upwardboundcamp.org

OFFICE USE ONLY	
Received by: _____	
Date Received: _____	
Payment Received: Y N	

The purpose of this application is to gather information that will assist staff in meeting the campers needs, and assess recent changes in health/status. An information privacy agreement (HIPPA) form must be on file.

## Camper Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender:  M  F  
 Has previously attended Easter Seals Oregon Camp at Upward Bound ? Y N  
 Previously attended any other Camp? Camp Name: \_\_\_\_\_ Last year attended: \_\_\_\_\_

## DIAGNOSIS INFORMATION (LABELS) (PLEASE SELECT ALL THAT APPLY)

Primary Diagnosis: \_\_\_\_\_  
 Visual Challenges:  None  Blind  Some Sight  Glasses  
 Hearing Challenges:  None  Deaf  Some Hearing  Hearing Aids  
 Other Challenges: (Please Explain)

\_\_\_\_\_

Seizures:  None  Grand Mal  Petit Mal  Other: \_\_\_\_\_  
 VNS (Vagus Nerve Stimulation)  Y  N  
 Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_ Date of last Seizure: \_\_\_\_\_

## MOBILITY NEEDS

Walking:  Independent  Minimal Assistance  Complete Assistance  
 Uses Mobility Aides:  Y  N Please list: \_\_\_\_\_  
 Uses Wheelchair:  Y  N Wheelchair Type:  Power  Manual  
 Mobility in Wheelchair:  Independent  Minimal Assistance  Complete Assistance  
 Wheelchair Transfers:  Independent  Minimal Assistance  Complete Assistance  
 Wheelchair Transfer Method:  Stand/Pivot  Non-weight bearing (2 person lift)  Hoyer  
 Suggestions/Comments/Additional Information:

\_\_\_\_\_

## PERSONAL CARE NEEDS

Dressing:  Independent  Minimal Assistance  Complete Assistance  
 Brushing teeth/denture care:  Independent  Minimal Assistance  Complete Assistance  
 Washing Hands/Face:  Independent  Minimal Assistance  Complete Assistance  
 Shaving:  Independent  Minimal Assistance  Complete Assistance  
 Showering:  Independent  Minimal Assistance  Complete Assistance  
 Toileting:  Independent  Minimal Assistance  Complete Assistance  
 Female Menstrual Needs:  Independent  Minimal Assistance  Complete Assistance  
 Continence:  Always  Sometimes  Incontinent  Incontinent at night  
 Toileting Aids:  Attends  Catheter-Type: \_\_\_\_\_  Urinal  
 Other: \_\_\_\_\_

Tobacco Use:  None  Chews  Smokes tobacco products  
 Describe Assistance/monitoring needs with tobacco use:

\_\_\_\_\_

Suggestions/comments/additional information:  
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Last Name:

First Name:

**SLEEPING NEEDS**

- Sleeps all through night?  Y  N      Will sleep in room with others?  Y  N  
 Usually wakes up before 7am?  Y  N      Usually goes to sleep after 9pm  Y  N  
 Usually takes a mid-day nap?  Y  N      Uses a CPAP machine:  Y  N  
 Awaken at night for restroom:  Y  N      Needs to be turned at night?  Y  N  
 How many times:  1-2X  3X+      How many times:  1-2X  3-4X  4X+
- Suggestions/comments/additional information:

**MEAL TIME NEEDS**

- Cutting Food:  Independent  Minimal Assistance  Complete Assistance  
 Food to Mouth:  Independent  Minimal Assistance  Complete Assistance  
 Drinking from cup:  Independent  Minimal Assistance  Complete Assistance  
 Special Preparations  Pureed food  Chopped food  Thickened Liquids  Low Salt  
 Low sugar  #calories \_\_\_\_\_  
 Diabetic:  Y  N      Diet Controlled:  Y  N      Insulin Controlled:  Y  N  
 Testing times: \_\_\_\_\_      Average Blood Glucose: \_\_\_\_\_  
 Special Utensils  Y  N      Dysphasia  Y  N  
 Ketogenic:  Y  N      Gluten-free  Y  N      Lactose intolerant:  Y  N  
 Chewing disorder/Missing Teeth  Y  N      Prader/pica:  Y  N
- Problem foods/food restrictions/special diet info - (if applicable please explain)

Other meal time needs:

What foods does the camper usually eat for breakfast? (Please list examples like hot/cold cereal-type, eggs, etc.)

What foods does the camper usually eat for lunch? (Sandwiches, raw veggies & fruit-type, cooked veggies-type, etc.)

What foods does the camper usually eat for dinner? (Please list examples)

**DIETARY INFORMATION - DISLIKES/RESTRICTIONS**

What food will the camper absolutely not eat?

What foods does the camper dislike but will eat? (If known)

What foods causes dietary issues not allergy related? (i.e. gluten, dairy, starches, nightshades, beans, lettuce, etc.)

Additional comments/questions/concerns:

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Last Name:

First Name:

**ALLERGY INFORMATION**

Please list and explain all known food allergies:

Reactions:


Please List and explain all known non-food allergies:

Reactions:


**MEDICATION NEEDS:**

Prescribed Meds:  Y  N Medication before 6AM or after 10PM?  Y  N  
 Meds 1-2X Daily:  Y  N Meds 3-4X Daily:  Y  N Meds >4X Daily:  Y  N  
 Nebulizer:  Y  N Frequency: \_\_\_\_\_  
 Special Protocols:  Y  N (If yes-please explain)

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**COMMUNICATION NEEDS:**

Able to clearly communicate wants/needs?  Y  N Able to follow 1 or 2 part directions?  Y  N  
 Able to read?  Y  N Able to write?  Y  N  
 Uses sign language?  Y  N Able to talk?  Y  N  
 Uses gestures to communicate?  Y  N Uses communication system?  Y  N

Suggestions/comments/additional information:

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**PERSONALITY/BEHAVIORAL/SUPERVISION NEEDS:**

Does camper require 1:1 care or supervision?  Y  N  
 Fears:  Water  Animals  Height  Dark  People/crowds  
 Other: \_\_\_\_\_  
 Personality:  Happy-go lucky  Helpful  Wanders  Cautious  Withdrawn/shy  
 Physically aggressive-please explain below  Attention seeking-please explain below  
 Yells/screams  Interacts well with others  Participates in a group environment  
 Behaviors that are injurious to self/others:  Y  N (If yes-please explain)

Please explain any yes's from above

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When do these behaviors occur? Is there a common trigger for these behaviors? Please explain.

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Does the camper require physical management? Please explain.

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Do you have any specific suggestions or redirection techniques that might be helpful in serving any behavioral needs?

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Suggestions/comments/additional information:

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In compliance with current Upward Bound Camper Enrollment Criteria, campers who are abusive to self, others, or properties may not be considered appropriate for acceptance into overnight programs. Campers with a history of physically or sexually aggressive behavior or who exhibit such behaviors while in attendance may be dismissed from the program immediately. There may be certain medical conditions that may disqualify campers from week long resident camp sessions. Short-term camps and day programs are now available at our Gates facility for those campers.

NOTE: At Director's discretion, a private personal attendant may be required to accompany and manage the behavior or personal care of any camper whose needs exceed the limits of our eligibility policy.

**PUBLIC INFORMATION**

In consideration of participation in Upward Bound Camp activities, I hereby consent to the use of any film/videotape/sound recording made of \_\_\_\_\_ (Camper's name), by Evans Creek Retreat/Upward Bound Camp and irrevocably assign all rights in the same to Evans Creek Retreat/Upward Bound Camp, and those acting with its permission, for the purpose of illustration, publication, or broadcast in connection with the work, advertising, and promotion of Evans Creek Retreat/Upward Bound Camp. I have read the foregoing release and authorization before affixing my signature and warrant that I fully understand the contents thereof.

Signature of Parent, Legal Guardian, or Independent Adult Camper \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT**

I have read and understand this application. It is correct to the best of my knowledge, and the applicant described herein has permission to engage in all programs activities except as noted. I understand that admitting or falsifying information may compromise planning for the success of this camper and may lead to disqualifying the camper from attendance. In further consideration for acceptance, I hereby release and waive any claim, cause, or action which may accrue against Evans Create Retreat/Upward Bound Camp arising from participation in any camp activity approved by any of said persons.

Signature of Parent, Legal Guardian, or Independent Adult Camper \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICALS AND MARS**

A copy of current medication list or medication administration record will be necessary before participation. Upward Bound continues to provide programs accredited by the American Camping Association, a national organization that defines the standards for quality camp experiences. The American Camping Association standard, HW6.1, REQUIRES a physical within six months of the camp date, with exceptions made on a case-by-case basis, in the absence of recent health issues/concerns.

UBC does understand the financial challenges this may present for some campers. However, current health information is an essential ingredient in providing a quality camp experience. Please contact the office if for some reason this camper is not financially able to submit a physical current within the last year.

The physical does not need to be on the UBC form, however, it must be signed by a licensed physician approving health is appropriate for camp attendance. It is important that the physician list any and all restrictions and health precautions, and current medications and treatments to be administered at camp.

Camper/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper/Guardian Printed Name: \_\_\_\_\_

Witness - Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness - Printed Name: \_\_\_\_\_

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