

Summary of Care

- This form is REQUIRED upon arrival at camp for ALL campers
- Complete ALL sections "AS OF" the day before camp starts (even if previously listed in application)
- Send ALL Supplies required, we do not stock these at camp
- Provide clear instructions so our medical team can provide appropriate & safe care for the camper
- If more spaces is needed for any section, please attach an additional sheet

FULL Name: _____ Date completed: _____
 PHN: _____
 Doctor: _____ Phone: _____
 Filled out by: _____ Relation to camper: _____

Personal Care

ALL CAMPERS - Date of last BM _____

Bowel Care Instructions (ex. #days between, use of fruit lax, suppository, enema, etc) Not Applicable

Any Concerns while toileting, bathing, or dressing? Not Applicable

Minor treatments such as skin care, dressings? Not Applicable

Diets

For Gtube, ketogenic or reduced carbohydrates, Please attach a detailed schedule. Not Applicable

Special Diet items brought with camper Not Applicable

Mobility

Repositioning or Time limits in wheelchair, bed, etc.

Not Applicable

Medical Care

Required Vitals Checks (such as blood pressure concerns, blood glucose, temperature)

Not Applicable

Seizure details and care

Not Applicable

Catheter or Colostomy Details and care

Not Applicable

Other medical procedures (such as CPAP, Rebulcar, Oxygen, etc.)

Not Applicable

Emergency Contacts

Please include phone numbers and relationship to the camper.

Emergency Contact #1

Emergency Contact #2

Emergency Contact #3