



**Camper Child Information
(Confidential)**

Note: Please fill out both sides and use “n/a” when applicable.

Guardian Surname: _____ Status*: _____ Sex: (M) ___ (F) ___ Ethnicity: _____

Child’s Name: _____ Nickname: _____ Age: _____ Date of Birth: _____

Spanish Speaker?: ___ (Y) ___ (N) Length of time in your care (if not your birth child): _____

**B – Biological child; A- Adopted Child; F-Foster Child; K-Kinship care*

History (check all that apply to child or write “n/a” in the comments section)

- Sexual abuse
- Neglect
- Drug exposed
- Physical abuse
- Abandonment
- Drug addicted
- Emotional abuse
- Failure to thrive
- Parent alcohol/drug addicted

Comments: _____

Diagnoses and disabilities: _____

----- Behavioral -----

Indicate any behaviors or conditions below that the Kids at Heart staff should know about:

- Aggressive
- Depressed
- Easily frustrated
- Jealous
- Verbal abuse of others
- Inappropriate noises
- Nervous ticks
- Needs immediate gratification
- Weeps or cries without provocation
- Abusive to self
- Anxious
- Excessive shyness
- Lies
- Manipulative
- Demanding
- Uncooperative
- Sensory Integration
- Other _____
- Argues
- Clingy/possessive
- Defiant
- Physical contact makes them uncomfortable
- Forgetful
- Talks excessively
- Mood swings
- Temper tantrums

Note: use “n/a” when applicable

How might this impact functioning at Camp? _____

Are there things that will trigger certain behaviors with this child? Explain _____

How does this child like to be comforted? _____

Does child engage in inappropriate behavior to get attention? _____

How? _____

Does the child interact appropriately sexually? _____

Are there any concerns about sexual behavior or issues? Explain _____

Should the siblings be separated? _____

----- Social Abilities -----

(Please check that all apply)

- | | |
|---|--|
| <input type="checkbox"/> Participates and plays well with others | <input type="checkbox"/> Has some difficulty around other children |
| <input type="checkbox"/> Prefers limited contact with others | <input type="checkbox"/> Does not get along with others |
| <input type="checkbox"/> Prefers solo activities | <input type="checkbox"/> Shy, withdrawn |
| <input type="checkbox"/> Needs extra encouragement to participate | <input type="checkbox"/> Follows instructions well |
| <input type="checkbox"/> Participates well in a group activity | <input type="checkbox"/> Is independent, doesn't need much support |

Engages in harmful behavior to self: Never Rarely* Often*

*Please explain: _____

Engages in tantrums: Never Rarely* Often*

*Please explain: _____

Has your child had trouble with depression: Never Rarely* Often*

*Please explain: _____

What is your child's understanding / acceptance of their limitations: Full Partial

Need for Attention:

Satisfied with reasonable amount Requires more than an average amount Requires a high amount

Sleeping Habits and Routines:

Has difficulty sleeping at night: Rarely Sometimes Always

Gets out of bed during the night: Rarely Sometimes Always

Wets the Bed at Night Never Rarely Sometimes Always

If difficulty sleeping usual intervention is: _____

Has your youth been away from home over night: Yes No

----- Medical (Note: use "n/a" when applicable)-----

Any allergies? _____ If yes, explain _____

Special diets or foods _____

Any food allergies? _____

Please check all health concerns that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism | <input type="checkbox"/> Blind/visual loss |
| <input type="checkbox"/> Convulsive disorder | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cerebral palsy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Deaf/hearing loss |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Fetal alcohol | <input type="checkbox"/> Muscular disorder |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Speech disorder | <input type="checkbox"/> Down syndrome |
| <input type="checkbox"/> Other: _____ | | |

How might this show up at Camp? _____

Signature of Legal Guardian / Parent / Foster Parent

Date