

West Allis-West Milwaukee Recreation Department
Camp Champions
Health & Behavior History Form

Name: _____

Gender: Male Female Height: _____ Weight: _____

Please answer/check the statements/questions that apply to the participant.

- Emotionally Disturbed
 - Learning Disabled
 - Orthopedically Impaired
 - OHI
 - Cognitively Disabled
 - Autism Spectrum Disorder
 - Hearing Impaired
 - Speech/Language
 - Visually Impaired
 - Attention Deficit Disorder
- Other: _____

Degree of statement(s) checked above: Mild Moderate Severe

- **Wheelchair/Walker/Cane/Crutch** Yes No

If yes, type: Electric Wheelchair Manual Wheelchair
 Walker Cane/Crutch
 Other: _____

Participant is: Independent Needs Assistance

- **Physical Limitation(s)** Yes No

If yes, what? _____

- **Safety Harness or Gait Belt Required** Yes No

If yes, Bus Classroom In Community

- **Seizures** Yes No

Seizure Frequency: _____ Length of seizure: _____

Date of last seizure _____

Signs and Symptoms and how seizure is handled:

*(Does participant take **DIASTAT**, if yes contact nurse 604-4000 ext. 1107)*

- **Nonverbal** Yes No

If yes, can you/your child communicate by different means? Yes No

If yes, how? _____

- **Deaf/Hearing Impaired** Yes No

If yes, can you/your child communicate? Yes No

Interpreter Needed? Yes No

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- **Medication Taken** Yes No

Please list (be specific): _____

During Recreation Program? Yes No

If needed during Summer Camp Champions, must complete parent consent and obtain MD orders

- **Allergies** Yes No

If yes, to what? _____

Do you require an EPI pen? Yes No

- **Eating**

Accommodations:

- Needs No Assistance Some Assistance Total Assistance
- Straw Clothing Protector Adaptive Utensils

Specific Instructions:

- **Diabetic** Yes No

If yes, what shouldn't the participant eat or drink? _____

Specific Instructions:

- **Toileting:** Please bring any specific supplies/equipment to camp

Participant is Independent Some Assistance Total Assistance

Maintains Bladder Control: Always Sometimes Needs Reminder

Aids Used: None Urinal Toilet Chair
 G-Tube Briefs Pull-Ups
 Catheter (Type: _____)

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Behavior: If the participant has an IEP or behavior plan, please include a copy.

*If participant becomes upset, you may see the following (check all that apply)

- Generally Easy Going/Happy Shy/Withdrawn
- Helpful Verbally Aggressive/Demanding
- Shouting Physically Aggressive Behaviors
- Swearing Self-Abusive Behaviors
- Tendency to Withdraw Runner
- Other: _____

Describe participant on their best day: _____

Describe participant on their worst day: _____

Describe the best way(s) to engage participant:

Provide additional instructions or explanations for our staff:

Check all the activities the participant enjoys:

- Arts & Crafts Music Sports
- Bowling Board Games Puzzles
- Gardening Movies Dancing
- Going for Walks Nature Other: _____

Additional information you feel would benefit our staff to ensure the best possible experience for your participant: _____

