



*Please answer the following questions as honestly as you can, so we can start getting to know this person.*

### **SOCIAL SKILLS**

This person

- |   |                          |        |                          |         |                          |          |                          |       |
|---|--------------------------|--------|--------------------------|---------|--------------------------|----------|--------------------------|-------|
| gladly participates in group activities | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |
| enjoys music activities                 | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |
| enjoys being in the swimming pool       | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |
| likes to help others who need help      | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |
| enjoys arts and crafts                  | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |
| enjoys being outdoors                   | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |
| is friendly and well liked by others    | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |
| may get into fights with others         | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |

Comments: \_\_\_\_\_

### **SELF-HELP SKILLS: BATHROOM**

This person

- |  |                          |        |                          |         |                          |          |                          |                              |    |
|--|--------------------------|--------|--------------------------|---------|--------------------------|----------|--------------------------|------------------------------|----|
| has normal bladder control               | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never                        |    |
| has normal bowel control                 | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never                        |    |
| has poor bladder control                 | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never                        |    |
| has poor bowel control                   | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never                        |    |
| may occasionally wet the bed             | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never                        |    |
| needs some assistance using the bathroom | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never                        |    |
| has a colostomy or ileostomy             |                          |        |                          |         |                          |          | <input type="checkbox"/> | yes <input type="checkbox"/> | no |
| wears diapers                            |                          |        |                          |         |                          |          | <input type="checkbox"/> | yes <input type="checkbox"/> | no |

Comments: \_\_\_\_\_

### **SELF-HELP SKILLS: SHOWERING**

This person

- |                                |                          |        |                          |         |                          |          |                          |       |
|--------------------------------|--------------------------|--------|--------------------------|---------|--------------------------|----------|--------------------------|-------|
| can shower without assistance  | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |
| needs assistance to shower     | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |
| can not stand up in the shower | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |
| may resist taking a shower     | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never |

Comments: \_\_\_\_\_

### **SELF-HELP SKILLS: EATING**

This person

- |  |                          |        |                          |         |                          |          |                          |                              |    |
|--|--------------------------|--------|--------------------------|---------|--------------------------|----------|--------------------------|------------------------------|----|
| can feed self without assistance   | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never                        |    |
| can feed self with a little help   | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never                        |    |
| can not feed self and must be fed  | <input type="checkbox"/> | always | <input type="checkbox"/> | usually | <input type="checkbox"/> | at times | <input type="checkbox"/> | never                        |    |
| eats a normal diet   |                          |        |                          |         |                          |          | <input type="checkbox"/> | yes <input type="checkbox"/> | no |
| requires a special diet (most special diets cannot be accommodated at this camp) |                          |        |                          |         |                          |          | <input type="checkbox"/> | yes <input type="checkbox"/> | no |

(If yes, please describe) \_\_\_\_\_

### SELF-HELP SKILLS: COMMUNICATION

This person

speaks clearly	___ always	___ usually	___ at times	___ never
speaks but is hard to understand	___ always	___ usually	___ at times	___ never
does not talk	___ always	___ usually	___ at times	___ never
can communicate, but not with words			___ yes	___ no
uses a communication device			___ yes	___ no
does not wish to communicate			___ yes	___ no

Comments: \_\_\_\_\_

### SELF-HELP SKILLS: SLEEP HABITS

This person

has no trouble sleeping	___ always	___ usually	___ at times	___ never
has difficulty falling asleep	___ always	___ usually	___ at times	___ never
doesn't like to go to bed	___ always	___ usually	___ at times	___ never

Comments: \_\_\_\_\_

### SELF-HELP SKILLS: GENERAL

This person

can care for self with a little help	___ always	___ usually	___ at times	___ never
can care for self with a lot of help	___ always	___ usually	___ at times	___ never
cannot care for self, and needs a lot of help	___ always	___ usually	___ at times	___ never

Comments: \_\_\_\_\_

### SELF-HELP SKILLS: SEIZURES

This person

does not have seizures	___ always	___ usually	___ at times	___ never
has seizures daily	___ always	___ usually	___ at times	___ never
has had seizures in the past, but not now	___ always	___ usually	___ at times	___ never
may have seizures at camp	___ always	___ usually	___ at times	___ never

Comments: \_\_\_\_\_

### THIS SECTION IS FOR PEOPLE WITH DIABETES ONLY

This person

must have blood sugar checked regularly \_\_\_\_\_ yes \_\_\_ no

When should this person's blood sugar be checked? \_\_\_\_\_

What is a normal blood sugar for this person? \_\_\_\_\_

This person's diabetes is controlled \_\_\_ by diet alone \_\_\_ with pills \_\_\_ with insulin

If with insulin, when does this person get insulin injections? \_\_\_\_\_

Comments: \_\_\_\_\_



## HEALTH INSURANCE INFORMATION

This person has health insurance \_\_\_\_\_ yes \_\_\_\_\_ no

***Please give insurer's name, policy/group number, or attach a copy of insurance card.***

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## GENERAL HEALTH QUESTIONS

This person

is generally in good health	_____	always	_____	usually	_____	at times	_____	never
has some health problems	_____	always	_____	usually	_____	at times	_____	never
has many health problems, and is not well	_____	always	_____	usually	_____	at times	_____	never
requires no special medical treatments or procedures	_____	always	_____	usually	_____	at times	_____	never
requires special treatments described below	_____	always	_____	usually	_____	at times	_____	never
has no known allergies	_____	always	_____	usually	_____	at times	_____	never
has allergies listed below	_____	always	_____	usually	_____	at times	_____	never

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## ***Medical, Accident and Photograph Release Form***

My signature below indicates that I have read, understand, and concur with the following:

1. I give permission for the camp's medical and/or nursing staff to administer any medications and/or medical treatments that this camper requires, including prescription and over-the-counter medications.
2. I understand that the camp's medical and/or nursing staff members are duly licensed to practice their professions in the State of Alabama.
3. I have informed the Camp McDowell medical and/or nursing staff of all medical conditions that affect this camper and that may require treatment during the camp session.
4. In the event of an emergency, I understand that this camper may be transported to the nearest hospital or other treatment facility for care. I understand that this camper's medical history, as known to Camp McDowell and its representatives, will be shared with the medical personnel in the treating facility. I understand that Camp McDowell and its representatives will not assume financial responsibility for any care given in such facilities.
5. I hereby release the Episcopal Diocese of Alabama, the Board and Director of Camp McDowell, the Session Director, the medical and/or nursing staff, the counseling staff, and any other representatives of Camp McDowell from any and all liability in case of accident or illness.
6. I give my permission for Camp McDowell and/or its representatives to use photographs of this camper in published or promotional materials for the camp.

**I hereby give permission for \_\_\_\_\_ to attend Camp McDowell from July 3 – 8, 2008. I understand my signature also gives my consent to the medical and accident release form, non-prescription medication form, and the permission to use photographs form above.**

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to camper:** \_\_\_\_\_ **Legal guardian?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

# SPECIAL SESSION 2008 AT CAMP McDOWELL

## INFORMATION SHEET – PLEASE KEEP THIS FOR FUTURE REFERENCE

**When is it?** The dates for the 2008 session are July 3 – 8; registration on July 3 is from 2:00 to 4:00 p.m., and the campers need to be picked up between 11:00 a.m. and noon on July 8. The last thing we'll do on July 8 is have a worship service; we'd love to have you come and join us for this final service.

**Where is it?** Camp McDowell is between Double Springs and Jasper, Alabama, on Highway 195.

- From Birmingham, take U.S. 78 North to Jasper; then take State Route 195 North to Camp McDowell, which is 15 miles north of Jasper.
- From Huntsville, take I-65 South to the Double Springs exit, then take U.S. 278 West to Double Springs, and then State Route 195 South to Camp McDowell, 11 miles south of Double Springs.
- From Montgomery, take I-65 North to the Finley Street exit in Birmingham, then U.S. 78 North to Jasper, and then State Route 195 North to Camp McDowell.
- From the Shoals, take State Route 43 South from Florence to Natural Bridge, then U.S. 278 East to Double Springs, and then State Route 195 South to Camp McDowell.
- From Tuscaloosa, take State Route 9 North to Jasper, turn left on to State Route 257/195, and follow State Route 195 North to Camp McDowell.

**Who can come?** The Special Session is for anyone of any age, any race, any denomination or faith, who has a mental and/or a physical handicap but will enjoy being at Camp. We cannot accept campers in diapers because of insurance liabilities.

**How much will it cost?** The cost of the session is \$250. *A deposit of \$80 is required.* Financial assistance is available for the remainder, for people who really need it. A half scholarship is \$85.00, leaving a balance of \$85.00; a full scholarship is \$170.00, with no balance owed.

**What medical care will be available?** At least two registered nurses are on duty 24 hours a day. They will monitor and distribute all medications and medical treatments. They are also responsible for safeguarding all medications, including controlled substances, and will keep them under lock and key. In the event of an emergency, the camper will be taken to nearby Jasper, Alabama, where physicians and a hospital are available. **PLEASE REFER TO THE MEDICAL INFORMATION SHEET ON THE NEXT PAGE FOR MORE DETAILS.**

**What will happen at camp?** The idea of a Special Session at Camp McDowell is to provide a place for mentally and/or physically handicapped people to be a part of a loving community, to enjoy summer camping activities, and to be treated with the dignity and respect that every child of God deserves. There will be swimming, arts and crafts, hiking, games, music, and a lot of fun.

**The camp's address is:** **Camp McDowell 105 DeLong Road Nauvoo, AL 35578**  
*(Please write; everyone likes to get mail at Camp!)*

**The telephone number is:** **(205) 387-1806** (Campers may make telephone calls only in emergencies, and we ask that you call only in emergencies as well.)

**What to bring:** Comfortable casual clothes, bathing suit, 2 sets of sheets, pillow, towels and washcloths, soap and toiletry items, extra socks and shoes, bug spray, and enough medications to last the entire camp session. You might want to bring an electric fan (the cabins are very nice, but *not* air-conditioned). Bring all your talents and skills; come ready to play and laugh and love and live in the joy of being a child of God!

**For more information, you may contact Special Session Coordinator  
St. Thomas Episcopal Church in Huntsville at 256-880-0247.**

## SPECIAL SESSION 2008 AT CAMP McDOWELL

### \*\* IMPORTANT MEDICAL INFORMATION FOR SPECIAL SESSION CAMPERS KEEP FOR FUTURE REFERENCE\*\*

#### 1. PRESCRIPTION MEDICATIONS

- *For liability reasons, pills CANNOT be accepted in plastic bags or daily pill reminder boxes!*
- *ALL prescription medications must be delivered to Camp McDowell in their original pharmacy packaging showing the camper's name, the medication's name, and dosage instructions!*
- All medications (including Tylenol, Tussin, and other over-the-counter medications) must be turned in to the camp nurse at check-in.
- Campers will not be able to stay unless their medications arrive with them.
- Secure storage is available for controlled substances.
- The camp nurses will dispense ALL medications and handle ALL medical treatments at Special Session.

2. **CAMPER'S GENERAL HEALTH:** Each camper's general health condition must be stable and the camper must be able to tolerate the heat and humidity of Alabama in July. Air conditioning is not available.

3. **MOBILITY:** The camper must be reasonably mobile. Golf carts will be available to assist with transportation, but the camp experience still involves lots of walking. Wheelchairs are useful, especially electric scooters.

4. **MEDICAL TREATMENTS:** The camper cannot require any complex medical treatments. Camp McDowell is simply not set up to accommodate them.

5. **DIET:** The food at Camp McDowell is the usual camp fare. Special diets cannot be accommodated.

#### ***STILL HAVE MEDICAL QUESTIONS?***

If you have any medical questions or concerns before you arrive at camp, you may contact Gail Perna, RN, one of the nurses for Special Session, at her Huntsville office:

**1-800-541-9976 or 256-885-3857.**