

30th MS Lions Sea and Sun Camp 2026

CAMPER SNAPSHOT FORM

Camper Name: _____

#1 Family Cell: _____

#2 Family Cell: _____

Nature of Possible Additional Disability (please check all that apply): ☐ No Additional Disability

☐ Arthritis ☐ Autism/ASD ☐ Attention Deficit Disorder ☐ Cerebral Palsy (walks) ☐ SHUNT ☐ GTUBE
☐ Cerebral Palsy (wheelchair) ☐ Diabetes ☐ Down's Syndrome ☐ Hearing Impaired ☐ Heart Condition
☐ Learning Disability ☐ Muscular Dystrophy ☐ Seizure Disorder ☐ Spina Bifida ☐ Traumatic Brain Injury

Other: _____

Cognitive Ability: (please describe) _____

VISION: I will be wearing: ☐ Glasses ☐ Contacts Color/Name Brand: _____

Other visual aids: _____ I read using ☐ Print ☐ Large Print ☐ Braille

HEARING: ☐ Normal ☐ Mild loss ☐ Moderate loss ☐ Severe ☐ Profound

☐ Hearing Aid(s) (Make & Model): _____ # of Hearing Aids: ☐ One ☐ Two

☐ Cochlear Implant(s) (Make & Model): _____ # of Hearing Aids: ☐ One ☐ Two

COMMUNICATION: ☐ Spoken Language ☐ Non-verbal ☐ Few words ☐ Sign Language ☐ Gestures

☐ Objects ☐ Pictures ☐ Communication Board/Device ☐ Other: _____

If Camper is non-verbal, please give helpful hints for communicating: _____

MOBILITY: ☐ Uses a Human Guide ☐ Uses a cane for: ☐ support or ☐ safe travel

☐ Walks independently ☐ Uses crutches ☐ Manual wheelchair ☐ Electric wheelchair

☐ Uses wheelchair independently ☐ Other mobility needs or devices: _____

DRESSING: ☐ No assistance ☐ Partial Assistance ☐ Total Assistance

Describe: _____

SLEEPING: Sleepwalks: ☐ Yes ☐ No Can Camper sleep in an upper bunk? ☐ Yes ☐ No

WASHING/BATHING: ☐ No Assistance ☐ Partial Assistance ☐ Total Assistance ☐ Showers

Describe: _____

TOILETING: ☐ No Assistance ☐ Partial Assistance ☐ Total Assistance

Describe: _____

BEHAVIOR: Describe any concerns or specific problems: _____

Strategies Used: _____

Anything else we should know?