



**abilitytree FIRST COAST**  
**Child Profile Form**

*Please complete this form and return to [info@abilitytreefc.org](mailto:info@abilitytreefc.org)*

Date of application: \_\_\_\_\_

Name of Camper: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**🔗 PHYSICIAN AND INSURANCE INFORMATION.**

Physician's Name: \_\_\_\_\_ Medical Group: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

#1 Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

#2 Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

**🔗 GENERAL MEDICAL.**

Please initial here that the below information is true and correct. \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Does Camper have seizures?  Yes  No If no, skip to next section.

Type: \_\_\_\_\_ Duration: \_\_\_\_\_ Frequency: \_\_\_\_\_

Are seizures controlled with medications?  Yes  No Date of last seizure: \_\_\_\_\_

Behavior before seizure: \_\_\_\_\_

Behavior during seizure: \_\_\_\_\_

Behavior after seizure: \_\_\_\_\_

**🔗 MEDICATIONS.**

Please initial here that the below information is true and correct. \_\_\_\_\_

Camper's Name: \_\_\_\_\_

**A. Prescriptive Medications**

1. \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency & time: \_\_\_\_\_

2. \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency & time: \_\_\_\_\_

3. \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency & time: \_\_\_\_\_

4. \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency & time: \_\_\_\_\_

How do you administer medication to Camper? \_\_\_\_\_

*\*\*Medications listed here must EXACTLY match your physician statement. If changes are made after submission of your camp application, please provide us an updated physician statement before camp check-in.\*\**

**B. Non-Prescriptive (Over the Counter) Medications**

1. \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency & time: \_\_\_\_\_

2. \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency & time: \_\_\_\_\_

3. \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency & time: \_\_\_\_\_

4. \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency & time: \_\_\_\_\_

NOTE: ALL medications, prescription and non-prescription, MUST be in their ORIGINAL containers (i.e. no pillboxes). Original and unaltered pharmacy labels must be affixed to and clearly printed on prescription medication. Medications that do not match these criteria will NOT be accepted.

Please review our camp policies, and initial wherever you see this symbol (☒).

- Due to storage constraints, we are UNABLE to store medication containers that are inordinately large (i.e. Costco and Sam's Club bottles that hold several months' supply of medications). ☒ \_\_\_\_\_
- We do NOT provide Over the Counter (OTC) medications to campers. You will need to send the OTC medications you wish for your camper to have during camp. We recommend you bring a small bottle or individual packets of Tylenol and/or Ibuprofen, Benadryl, cough drops, eye drops, Miralax, Pepto- Bismol, Imodium, etc. Please send in a small amount in the original containers, with campers name labeled on the box and/or bottle. ☒ \_\_\_\_\_
- If you use 'bubble packs' as many of our group homes do, please request a "SCHOOL PACK" from your pharmacy, giving us only the medication we need plus one additional dose in case of a spill. We are unable to store months of medication in bubble packs, and would appreciate your assistance with this issue. We will NOT sign receipt for excess bubble packs, as it poses a liability and storage issue for our staff. ☒ \_\_\_\_\_
- We will have to count each medication prescription medication at check-in so ONLY send what will be needed for the week, plus a 2 day extra supply. ☒ \_\_\_\_\_

Camper's Name: \_\_\_\_\_

**☞ TEMPERAMENT.**

How would you describe Camper's approach to new situations?

- Slow to warm up to people    Jumps into activities immediately    Somewhere in between

Other: \_\_\_\_\_

How would you transition Camper to new activities (i.e. five-minute warning, no warning, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

Does Camper have any fears?  Yes  No If yes, please check all that apply:

- Dark  Insects  Noises  New Surroundings  Water  Clowns  Crowds  Animals

- Foods  Heights  Fireworks  Others: \_\_\_\_\_

How do you deal with these fears at home? \_\_\_\_\_

\_\_\_\_\_

**☞ BEHAVIORS.**

Please assist us in making this camp experience enjoyable and successful by indicating behaviors which pertain to Camper, what circumstances may cause the behaviors, and what you typically do to remedy the situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information you feel would be important for staff to know about your Camper: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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