



11615 Hesby Street
North Hollywood, CA 91601
818-754-0312
818-754-0842 fax
www.campdelcorazon.org

Camper First Name: _____ Last: _____

Camper Profile Form

General Medical Information

Pediatric Cardiologist Name: _____

Hospital/Medical Group Affiliation: _____ Office Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Family Physician Name: _____

Hospital/Medical Group Affiliation: _____ Office Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cardiac/Medical Diagnosis: _____

List any other chronic or recurring illnesses that we should be aware of:

What language(s) does your child speak? _____ What language is spoken at home? _____

Does your child function at his/her age level? Describe below:

Rate your child's level of self-confidence (*please circle one*)

1 2 3 4 5 6 7 8 9 10
low average high

What are your child's strengths and what area does your child feel the greatest sense of accomplishment?

How does your child feel about coming to Camp del Corazon (hopes, fears, etc.)? _____

Has your child been under the care of, or been counseled by a School Counselor, Social Worker, Psychiatrist or Psychologist at any time? Y___ N___ If yes, please explain:

Camper First Name: _____ Last: _____

Use the below space to provide any additional information about your child’s behavior or physical, emotional, or mental health which the camp should know about. (i.e. bedwetting, recent move, divorce, recent death, serious fears.)

Health and Personal Health History Information

Please circle either Y (yes) or N (no)

- Y N WILL THIS BE THE FIRST TIME YOU CHILD IS AWAY FROM HOME FOR A LONG TIME?
- Y N DOES YOUR CHILD HAVE A PROBLEM WITH BED WETTING?
- Y N HAS YOUR CHILD EXHIBITED SIGNS OF HOMESICKNESS WHEN AWAY FROM HOME?
- Y N IS YOUR CHILD PARTICIPATING IN A PHYSICAL EDUCATION PROGRAM?
- Y N CAN YOUR CHILD WALK UP AND DOWN A FLIGHT OF STEPS UNASSISTED?
- Y N DOES YOUR CHILD HAVE AT LEAST ONE CLOSE FRIEND?
- Y N DOES YOUR CHILD KNOW HOW TO SWIM? IF YES, PLEASE CIRCLE ONE: WELL / GOOD / FAIR / POOR
- Y N HAS YOUR CHILD HAD PREVIOUS GROUP EXPERIENCES?
- Y N DOES YOUR CHILD HAVE ANY SPECIAL DIETARY NEEDS? PLEASE EXPLAIN: _____

OUR ABILITY TO PROVIDE SPECIAL DIETS IS LIMITED. WE WILL ATTEMPT TO ACCOMMODATE SPECIAL NEEDS.

Indicate last date which illness occurred. If illness is a frequent occurrence, please attach comments.

Frequent ear/cold infections		Chicken Pox		Asthma		Poison ivy	
Frequent fever		Mononucleosis		Diabetes		Seizures	
Frequent bowel/bladder prob.		Hypertension		Mumps		Sinus infection	
Bleeding/clotting disorders		German Measles		Measles		Stomach aches	
Stroke/paralysis		Endocarditis		Strep throat		Bee sting	
Fainting episodes		Rheumatic Fever		Hepatitis		Hay fever	
How many times in the past year has camper had strep throat							

Does your child have any allergies?

Food: _____

Medical: _____

Environmental: _____

Immunization History

Fill in approximate dates: **Tetanus Booster must be up to date.**

Tetanus Booster		TB Test or chest x-ray		Polio Series	
Measles		Mumps		MMR	
DPT Series		Pneumo-vac		H Flu	

Has camper been exposed to chicken pox or any other communicable disease in the past 1-3 months? If so, please explain.

Camper First Name: _____ Last: _____

Activity Participation

The following activities are available at Camp del Corazon, which may be offered to your child: tennis; swimming; light running; walking on a nature trail; horseback riding; tubing; paddling a kayak; archery; active games; assisted wall climbing and snorkeling. Participation is not mandatory, but encouraged. Please state any activity in which your child may not participate. Please explain.

Is camper able to walk 150 yards unassisted without extreme fatigue? _____

CAMP DEL CORAZON ENCOURAGES PARTICIPATION IN ALL ACTIVITIES. 50% OF THE ACTIVITIES ARE PHYSICALLY ACTIVE. WE REQUEST THAT WHEN A CAMPER GETS TIRED, HE OR SHE ASKS TO SIT OUT TO REST.

Does camper participate in a School Physical Education program? Yes / No

Please **circle** the letter below describing the level of activity in which the applicant is able to participate.

- A) FULL ACTIVE PARTICIPATION WITH MODERATE EXERCISE**
Participates in non-competitive games, which may involve running short distances.
- B) PARTIAL ACTIVE PARTICIPATION WITH LIGHT EXERCISE**
Participates in limited activities. Camper rests occasionally.
- C) LIMITED ACTIVE PARTICIPATION WITH NO EXERCISE**
Must rest frequently and often. Participates in sedentary activities only.
*If your child fits **category C**, please reconsider his/her suitability.
However, if you perceive that your child can benefit from actively participating in the programs, please submit a written explanation.*

Please share information with the counselors that will help make your child's adjustment to camp smoother. (i.e. camper's way of handling anger and frustration, etc.)
