



Reference Number

# Personal Camper Information 2022

The purpose of this form is to allow you to provide personal information regarding your child that you feel will be helpful for us to know. Please keep in mind that only relevant information will be shared with your child's counselors, and all information will be held in strict confidence and given proper attention. Even if your child is a returning camper, we encourage you to fill out this form thoroughly and entirely to help ensure your child has a safe and fun-filled summer.

Camper's Name: \_\_\_\_\_ Grade (Fall 2021) \_\_\_\_\_

1. Please check any conditions affecting your child:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Allergies              | <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Fears* (Please explain) |
| <input type="checkbox"/> ADD/ADHD               | <input type="checkbox"/> Heart Condition       | <input type="checkbox"/> OCD                     |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Behavioral Issues       |
| <input type="checkbox"/> Hearing Loss           | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Autism                  |
| <input type="checkbox"/> Poor or Limited Vision | <input type="checkbox"/> Separation Anxiety    | <input type="checkbox"/> Other* (Please explain) |

\*Please explain:

Attending physician's name and phone #: \_\_\_\_\_

2. Does your child take any medications? Please explain and fill out the medicine authorization form.

3. Are there any behaviors that we need to be aware of? \_\_\_\_\_

Is your child currently receiving an I.E.P. at school? If yes, please explain: \_\_\_\_\_

4. Does your child make friends easily? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

5. Does your child have any dietary issues? \_\_\_\_\_

If yes, please describe the issue and how you would prefer we handle it:

6. Has there been a recent major change in your family or in your child's life? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

7. Please describe your child's swimming skill level. Please note, swimming is a mandatory activity. *Children recuperating from an*

8. Is there anything else you would like to add to ensure that your child has a successful summer?