



Camper's Name:

Would You Rather Us:

Parent/Guardian: Name :

Address :

Phone :

Email :

Text or Call

Adult Dropping off Camper :

Phone Number :

Adult Picking Up Camper :

Phone Number (if different) :

HEALTH QUESTIONS

Does your camper have any allergies to any foods?

Does your camper have any dietary restrictions?

Is your camper on any medications we should know about?

In case of a minor injury, can we use:

Adhesive Bandages

Burn Spray

Antibiotic Cream

Does your camper have a 504/IEP at their school?

If yes, would you be willing to share important topics of the document with us?

Have there been any recent changes in your family dynamics? (divorce, separation, death of a loved one, etc.)

Have there been any impactful events in your camper's life in the past year? (change of home or school, etc.)

Does your camper have any emotional or behavioral challenges (homesickness, anxiety, socialization challenges, etc) that we can help to manage in the camp setting?

Is there anything about your camper that you can share with us that would help your child succeed at camp?

All information provided will be kept confidential among the supervisory staff.