

PLACE
CHILD'S
PHOTO
HERE

CAMPER INFORMATION SHEET

CAMPING SESSIONS: _____

Name: _____ DOB: _____ Age at time of camp: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Grade in Sept: _____ Height: _____ Weight: _____ Are both parents living? _____ Together? _____

Does he/she have any brother(s)? _____ Age(s): _____ Sister(s)? _____ Age(s): _____

Does he/she make friends with own age? _____ Younger? _____ Older? _____

Has he/she been to camp before? _____ If so, where? _____

Indicate any activities in which your child should not engage in while at camp: _____

Please check characteristics which describe your child:

| | | |
|-------------------|------------------|---------------------|
| _____ NERVOUS | _____ ATHLETIC | _____ STRONG WILLED |
| _____ COOPERATIVE | _____ MOODY | _____ OUTGOING |
| _____ TEAM WORKER | _____ CHEERFUL | _____ EASILY LED |
| _____ RETIRING | _____ EASY GOING | _____ INTROVERTED |

Is there anything about your child's physical or emotional development which is necessary for us to know in our daily dealings with your child? _____

Child's major interests: _____

How may we best contribute to your child's development during his/her stay at camp? _____

Tendencies that bear watching:

Asthma: _____

Food allergy: _____

Bee sting or insect allergy: _____

Poison ivy, oak, etc. allergy: _____

How severe is the reaction? _____

Does he/she require medication for any of the above? _____

Is he/she on any other type of medication? _____

IMPORTANT: PLEASE DO NOT SEND ANY MEDICATION TO CAMP. PLEASE PLAN TO GIVE YOUR CHILD MEDICATION BEFORE AND/OR AFTER THE CAMP DAY. ANY EXCEPTIONS TO THIS REGULATION **MUST BE CLEARED WITH THE CAMP OFFICE.** ANY SERIOUS SENSITIVITIES SHOULD BE BROUGHT TO THE ATTENTION OF THE CAMP DIRECTORS PRIOR TO THE CAMPER'S FIRST DAY. ANY ATTEMPT TO CONCEAL PERTINENT MEDICAL OR EMOTIONAL INFORMATION WILL RESULT IN THE **IMMEDIATE DISMISSAL** FROM CAMP AND **A LOSS OF ALL CAMP DEPOSITS**.

