

## Help us make happy campers!

Parents: This form will help us provide the best experience for your child. Please complete the form below, so that we can do our best! Each of the highlighted squares can be selected and information typed into them. If there is not enough room please add additional information at the end.

### 1. **Basic Info**

Child's Name:

Parent's Name:

Primary Phone Number:

Secondary Phone Number:

### 2. **Camp Info** (so we can easily get this to the right counselors)

Camp Start date:

Camp City:

Camp topic/ other info:

### 3. **Success factors** (please fill in the blank to provide details for any applicable item)

Does your child have any potential behaviors we should look out for?

If your child is off-task, do you have any suggestions for how we can pull him or her back in?

Does your child have any triggers, fears, or anything else that may upset him or her?

Are there any types of tasks (eg written, small motor) that your child may require additional help or support to complete?

If your child has an IEP, behavioral modification plan, or something similar designed, please feel free to share brief details here, or attach a more robust version.

Please describe any concerns about your child's social or developmental needs that our counselors should know about.

Are there any activities that would be difficult, or impossible, for your child to participate in? If so, please describe.

4. <b>Health Concerns</b>	Yes	No	Additional Information
Does your child have vision problems?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child have any hearing problems or use a hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child have a modified or special diet?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child have any food allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child have an epipen?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child require any special health care in the camp?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have any concerns about your child's general health?	<input type="checkbox"/>	<input type="checkbox"/>	
---	--------------------------	--------------------------	--

**Additional Details:**

5. **First Aid/Medications.** If you provide the items below, we will administer as needed. By checking below, you indicate your permission.

	Yes	No	Additional Information
Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	
Bug spray	<input type="checkbox"/>	<input type="checkbox"/>	
Hand sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	
acetaminophen	<input type="checkbox"/>	<input type="checkbox"/>	
ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>	
Antibiotic ointment	<input type="checkbox"/>	<input type="checkbox"/>	

6. **Anything else?** Please let us know if there is anything else we can do to make camp successful for your camper!