

Parent/Counselor Form

Camp Session: _____ Camp Date: _____

This form is to be completed by the parent or guardian and will not be shown to your son or daughter, as this is strictly confidential. This information enables us to best serve your child.

Camper's Name: _____ Birthdate: _____ Age: _____

Who lives in the home? Father____ Mother____ Brothers____ Sisters ____ Other____

If parents are divorced, who has custody of the camper during the camp session?

1. Has your child been away from home without parents for more than 4 days?
2. Your child makes friends: Easily Fairly Easily With Difficulty
3. Personality: Shy Quiet Leader Bold Independent Aggressive Hyperactive
4. Sleep Habits: Light Heavy Sleepwalker Nightmares Bedwetting Falls from bed
5. Does your child have any special fears?
6. Swimming ability? Beginner Intermediate Advanced
7. Are there any activities from which your child should be exempt due to health reasons?
8. Please list some of your child's interests and hobbies:
9. Is there any additional information you would like us to know?

During your child's experience at camp, the group may leave camp property for an off-camp excursion. We require your permission to transport your child. Please sign the authorization statement below.

I hereby give permission to camp personnel to transport my child on camp-related activities.

Signature of Parent/Guardian: _____ Date: _____