



## CAMPER INFORMATION FORM

**Please complete this form for each child enrolled in Summer Day Camp.** This form is designed to ensure our staff have the necessary information to provide the best possible experience for your child in the Summer Camp program.

Camper's Name: \_\_\_\_\_

My child is attending: ☐ Discover Camp ☐ Ranger Camp ☐ Adventure Camp

⇒ Any known behavior or health concern which you want us to be aware of:

⇒ Parents' recommendations for us to best support your child:

⇒ If applicable, please describe any behaviors our staff should note (typical and/or atypical) from your child:

⇒ Are there any situations that typically trigger this concern in your child?

⇒ Has there been any plan of action designed which has been effective for supporting your child while in school? If yes, please explain or include a copy of his/her behavior plan:

☐ My child may need to self-administer medication (Inhalers, EpiPens, etc.) while at Summer Day Camp. A physician and I have completed the Physician's Request to Administer Medication form.

☐ I plan to register my child for the summer school program this summer.

☐ I plan to meet with the Camp Director on the first day my child attends the program to provide additional information and/or instruction for my child's care.

Person to contact when we want to share the joys and concerns of your child:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**I give permission for this information to be shared with staff members who will be working with my child.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_