

Counselor Communication Form

This Form Must Be Sent in ASAP or no later than Two Weeks Before Your Child's Week at Camp



In an effort to better serve and care for your child, we are encouraging parents/guardians to complete this form. Please share information you feel is relevant so counselors can provide the best possible experience for your child. Please feel free to call if you have any questions or concerns. ***All information contained in this form is strictly confidential and will be shared only with camper's counselor. Please note that a health form is required for each camper in addition to this form.***

Camper Information:

Camper Name: _____ Male Female DOB: _____
Age Group Name: _____ Dates of Camp: _____
Parent/Guardian Name: _____ Phone: _____

Personality Traits:

Camper makes Friends: Very Easily Easily Average Slowly

Comments: _____

Please describe camper's sleeping habits:

Just Fine Has Nightmares Light Sleeper Heavy Sleeper Bed Wets Sleepwalks

Comments: _____

Health Information:

Does camper have any allergic reactions to the following?

Food: Yes No

Comments: _____

Bee Stings: Yes No **Comments:** _____

Poison Ivy/Oak: Yes No **Comments:** _____

Medications: Yes No **Comments:** _____

**** ALL medications must be given to the camp nurse at registration and will only be administered by the camp nurse.***

I would like to share the following about my son or daughter (personality traits, fears, interests, specific habits, menstruation, etc.)

Please list any additional comments or concerns here:

Parent/Guardian Signature: _____ Date: _____