

# Counselor Communication Form

**This Form Must Be Sent in ASAP or no later than Two Weeks Before Camp Week**

*In an effort to better serve & 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: \_\_\_\_\_  
Camp Name: \_\_\_\_\_ Dates Attending: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Personality traits:

Camper makes friends:  
 Very Easily  Easily  Average  Slowly

Comments: \_\_\_\_\_

Please describe camper's sleeping habits:

Just fine  Nightmares  
 Light  Bed Wets  Heavy  Sleep Walks

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 camp nurse at registration and will only be administered by camp nurse.**

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

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Please list any additional comments or concerns here:

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