

Counselor Communication Form

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.)

Please list any additional comments or concerns here:

Parent/Guardian Signature: _____ Date: _____