



# Camper Information Form

## Barry Conservation 4-H Camp 2021



Accurate and complete answers on this form helps us better accommodate your child. Information provided will be kept confidential by unit leader and counselors. This information will strictly be used as a means to best meet the needs of the camper. Feel free to attach related information which will be of assistance to the counselors working with your child. Thank you!

Camper Name \_\_\_\_\_ Age at Camp \_\_\_\_\_

Session(s) Attending: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Session(s) Attending: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

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

**While this may be repetitive of information on the health form, we appreciate your cooperation in thoroughly completing this form.**

**CABIN BUDDY REQUEST:** \_\_\_\_\_

We cannot guarantee to house friends together but we will try to accommodate all requests.

**1. Does your child have ALLERGIES to**

- |              |    |     |           |
|--------------|----|-----|-----------|
| Food         | No | Yes | Describe: |
| Animals      | No | Yes | Describe: |
| Insect Bites | No | Yes | Describe: |
| Medications  | No | Yes | Describe: |

**2. Will your child take any medication while at camp?      No                      Yes**

If YES, please indicate for each medication: drug - dosage - schedule - for what it is prescribed.

<u>DRUG</u>	<u>DOSAGE</u>	<u>SCHEDULE</u>	<u>PRESCRIBED FOR</u>
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**3. Does your child have any dietary concerns or food restrictions?      No                      Yes**

Describe:

**4. Does your child have any bedwetting tendencies?      No                      Yes**

**Describe - Please include recommendations for helping your child:**

**5. Are there additional health (physical, intellectual/cognitive, emotional, behavioral) issues of which camp staff need to be aware of?      No      Yes**

**Describe - Please include recommendations for helping your child:**

**6. Has your child been away from home before to a camp or similar type program?      No      Yes**

**Describe - Please include recommendations for helping your child:**

**7. Does your child have any specific fears or concerns (for example: thunderstorms, bugs, loud noises, 1<sup>st</sup> time away from home, etc.)      No      Yes**

**Describe - Please include recommendations for helping your child:**

**8. Campers walk long distances around the camp sites. Is there anything we should know about your child's ability to move around camp?**

**9. Campers work in small and large groups in all camp activities. Is there anything we should know about your child's ability to socially interact and get along with other children and/or adults?**

**10. Has your child been vaccinated for COVID-19?      No      Yes**

**11. Has your child ever been diagnosed with COVID-19?      No      Yes**

**10. Please share any additional information or express thoughts you have about your child's stay at Barry Conservation 4-H Camp this summer:**