

Does your child have allergies: YES NO What is your child allergic to? Please list and explain all medications, treatments, if they have a prescription Epi-pen and any other allergies:

Does your child have any physical special needs: YES NO Please explain: _____

Please provide any additional information you feel is important regarding your child's health: _____

SPECIAL SITUATION OR NEEDS THAT CAMP SHOULD BE AWARE OF:

Is your child currently receiving any therapeutic interventions, such as speech therapy, occupational therapy, etc? How often? Please explain:

Are there any things or circumstances that you think we should know so as to best accommodate your child and family? Or, anything else about your child and family that you feel would be important for your child's counselors to know?

Name of person(s) completing this form: _____

Relationship to child: _____ Today's date: _____

Thank you very much for completing this form

