



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 Name	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Camp Name	Dates Attending	
Parent/Guardian Name	Phone:	

PERSONALITY TRAITS

Camper makes friends Very Easily Easily Average Slowly

Please describe camper's sleeping habits:

<input type="checkbox"/> Just fine	<input type="checkbox"/> Nightmares	Comments:
<input type="checkbox"/> Light	<input type="checkbox"/> Bed Wets	
<input type="checkbox"/> Heavy	<input type="checkbox"/> Sleep Walks	

Does camper have any allergic reactions to the following?

Food	yes	no	Comments:
Bee Stings	yes	no	
Poison Ivy/Oak	yes	no	
Medications	yes	no	

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 _____
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