

# Camp Tanadoona

## Confidential Camper information

To help us be more successful in making each child's camping experience a positive one, please take a few minutes and complete this questionnaire. This confidential form will only be shared with staff members who are directly working with your child. Please make note of any information that will help us understand your child's situation or special needs. Thanks for your assistance.

Camper Name \_\_\_\_\_  Boy  Girl

Session(s) \_\_\_\_\_ Age \_\_\_\_\_ Grade next fall \_\_\_\_\_

---

Do you have any concerns or details about your child's stay at camp that we should be made aware of? The more information we have, the better we will be able to assist your child in having a positive camp experience. Please check any of the following that may be appropriate for your child and explain in space provided.

- |   |  |
|---|--|
| <input type="checkbox"/> Recent illness   | <input type="checkbox"/> Recent divorce in family                      |
| <input type="checkbox"/> Learning disability  | <input type="checkbox"/> Death in family                               |
| <input type="checkbox"/> Behavior problems  | <input type="checkbox"/> Sleeping concerns                             |
| <input type="checkbox"/> Dietary concerns   | <input type="checkbox"/> Bed wetting                                   |
| <input type="checkbox"/> Prefers to use a nickname  | <input type="checkbox"/> Has your child attended camp before?          |
| <input type="checkbox"/> ADD/ADHD   | <input type="checkbox"/> Has had a difficult experience at camp before |
| <input type="checkbox"/> Specific program concerns  | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Are there any conditions that will require special accommodations? |  |

---

---

---

---

---

