

LETTER TO MY COUNSELOR AT CAMP REED

Campers complete this side - Parents complete opposite side.

Dear Counselor:

My name is _____ . My friends call me _____ .

I am _____ years old. My Birthday is _____ .

I have _____ brothers; aged _____ and _____ sisters aged _____ .

In my spare time, the things I like to do are _____

_____ .

I am good at _____

_____ .

I am coming to Camp Reed because _____

_____ .

I hope to be able to do the following things at Camp Reed this summer: _____

_____ .

When I am at Camp Reed I don't want to _____

_____ .

I get along with friends who _____

_____ .

I will have finished the _____ grade when I come to Camp Reed this summer.

See You Soon!

Signed

Anything else you would like me to know about you: _____

LETTER TO MY CHILD'S COUNSELOR AT CAMP REED

Parents complete this side-Campers complete opposite side.

Dear Counselor:

Name of camper

This is my child's _____ year at summer overnight camp and _____ year at Camp Reed.

I wanted my child to go to camp because _____.

While at camp, I hope my child _____.

My child is:

Most happy when _____.

Most unhappy when _____.

Enthusiastic about _____.

Not fond of _____.

Apt to be afraid of _____.

Is _____ in taking care of their personal belongings.

How does your child get along with age-mates? _____.

What behaviors do you most often have to speak to your child about? _____.

What methods of correcting these behaviors have you found effective? _____.

My child lives with (please name): Parents/Guardians _____, _____.

Brother(s) _____, Sister(s) _____, Others _____.

My child has the following responsibilities at home: _____.

*Allergic

Allergy:

Circle all that apply:

Describe severity, typical reaction, preferred response:

_____ airborne ingested contact _____

_____ airborne ingested contact _____

_____ airborne ingested contact _____

*My child takes medications? ___ yes ___ no If yes, at bedtime? ___ yes ___ no

Does your child have a learning emotional or behavioral condition? If "YES" please explain: _____

Anything else you would like us to know about: _____

Parent/Guardian Signature

cell phone #

back up phone #

Please mail or drop off (do not fax) this form with the Health History and Parent Permission form.