



# CAMPER READINESS FORM

## GENERAL READINESS

**Has he/she spent time away from your care before?**

- Yes, slumber parties, plus at least few nights on school trips or visiting close friends or relatives.
- Just the occasional slumber party.
- Never, or hardly at all.

**How easily does your child make friends with other kids?**

- He/she makes friends very easily.
- He/she's a bit stand-off-ish at first, but warms up reasonably soon.
- He/she's quite uncomfortable with kids he doesn't know.

**Has your child participated in group activities like day camp programs, team sports, or youth organizations?**

- Yes, a lot
- Yes, a little bit
- Not at all

**Is your child comfortable telling adults about her needs?**

- He/she's able to tell adults about her needs easily.
- He/she might be a little shy at first, but she'd soon find someone she trusts.
- He/she's often nervous about telling teachers or other adults that she needs help.

**What are your child's eating habits like?**

- She'll eat practically anything.
- If she doesn't like the main dish, she'll gladly fill up on whatever else is offered.
- There are only a few things she'll eat.

**How independent and responsible is your child?**

- He manages many aspects of his own life quite well.
- He manages himself pretty well sometimes, but needs reminders.
- He won't brush his teeth, change his clothes, or wash unless I hound him.

**Do you think your child would be anxious about being away from home?**

- No
- Maybe
- Yes

**Does your child want to go to camp?**

- Yes
- I can't tell
- No

## SOCIAL AND BEHAVIORAL READINESS

**Disruptive student:** A camper who poses a clear threat to the safety and welfare of other campers, themselves, or the camp staff, who creates an unsafe camp environment or whose behavior materially interferes with the overall camp process. Campers displaying these behaviors that we feel are a risk to themselves or others will need to be immediately pickup from camp by an authorized individual.

In the past six months has your child:

Shown signs of depression?

- Yes
- No
- Maybe

Needed support to deal with special fears, habits or mannerisms?

- Yes
- No

Shows daredevil behavior?

- Yes
- No

Wets the bed?

- Yes
- No

Shown disregard for authority, at home or school or both?

- Yes
- No

Demonstrated episodes of explosive anger?

- Yes
- No

Demonstrated disruptive, threatening behavior towards others, at home, on school property or during school-affiliated activities?

- Yes
- No

Has your child posed a danger to his/herself, other persons or property?

- Yes
- No

Has your child been hospitalized for emotional/mental conditions?

- Yes
- No

Are there any concerns about your child's behavior, emotional or mental health that our staff should be aware of?

- Yes

- No
- Maybe

If yes or maybe, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SPECIAL ACCOMODATIONS

Does your child have any physical restrictions?

- Yes
- No

Please explain any restrictions to activity (e.g. what can't be done, what adaptations or limits are necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs that we should be aware of?

- Yes
- No

Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL MEDICAL INFORMATION

### ALLERGIES

If you previously noted any allergies on the registration form (allergies to medication, food, insect bites, hay fever, plants, animals, sunscreen, etc. ) Please describe the reaction, and management of reaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EPI-PEN:** Does your child have an Epi-Pen for allergic reactions?

- Yes
- No

Is your child authorized to carry and use the Epi-Pen?

- Yes
- No

If yes, does he/she know how to use it?

- Yes
- No

### ASTHMA:

If you previously noted on the registration that you child has asthma? Does he/she carry an inhaler?

- Yes
- No

Does he/she have a nebulizer?

Yes

No

Does he/she know how to use his/her inhaler/nebulizer?

Yes

No

*\*If your child has an Epi-Pen, inhaler and/or nebulizer, please send it with them to camp and list it in the MEDICATIONS section below\**

### **GENERAL HEALTH QUESTIONS**

Has/does your child

1. Had any recent injury, illness or infectious disease?  Yes  No

2. Have a chronic or recurring illness/condition?  Yes  No

3. Have frequent headaches?  Yes  No

4. Ever passed out during or after exercise?  Yes  No

5. Ever been dizzy during or after exercise?  Yes  No

6. Ever had seizures?  Yes  No

7. Have a history of bedwetting?  Yes  No

8. Ever had chest pain during or after exercise?  Yes  No

9. Ever been diagnosed with a heart condition?  Yes  No

10. Have frequent nose bleeds?  Yes  No

11. Have diabetes?  Yes  No

12. Have problems with sleepwalking?  Yes  No

13. Tetanus shot within the last 10 years?  Yes  No

14. Other, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_