



## CONFIDENTIAL INFORMATION FROM PARENTS

(Please return by June 1)

This information will be used to help us provide the best possible camp experience for your child. Feel free to use an extra sheet of paper. **Also use an additional sheet for information you do not wish the directors to share with any staff members.**

CAMPER'S NAME \_\_\_\_\_ NUMBER OF SUMMERS AT SCATICO \_\_\_\_\_

How does the camper feel about being away from home and being at Scatico?

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What is he/she looking forward to the most and the least?

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Does the camper have any fears that would impact adjustment to camp and how have you dealt with these?

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Are there any mealtime or nighttime problems the counselor can anticipate and how have you dealt with these?

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What kind of school year did your child have?

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How would you describe your child's organizational skills?

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Are there any activities you and your child wish emphasized?

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What suggestion(s) do you have to assist in proper bed placement? (For example, indicate whether the camper would do best next to a counselor.) We will honor 1 of your 3 requests, which you should list below in order of priority. *If you only list 1 request, we cannot guarantee we'll be able to accommodate you, so please provide us with 3 choices. Bed assignments are made a week before the campers arrive. We may not be able to honor late requests.*

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

**CAMPER'S NAME** \_\_\_\_\_

Was your child treated for head lice this year? NO \_\_\_ YES \_\_\_ Date(s) of Treatment \_\_\_\_\_

Please indicate medical history concerns you may have, i.e., recent treatment for lyme, recent diagnoses, etc.

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What allergies does your child have? Please include medications, food, seasonal, etc.

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Is the camper currently taking any medications? If so, what kind, for what reason, and will the camper still take the medication(s) this summer?

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Describe the camper's physical condition and indicate any restrictions on activity (e.g., no diving):

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Please describe any factors that will lead to a more complete understanding of your child. Please include any unusual situations or circumstances, which might affect adjustment to camp (i.e., plans to move, the death of a family member, divorce . . .)

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Signature \_\_\_\_\_ Date \_\_\_\_\_