

# Redwood Adventure Camp

## CAMPER INFORMATION FOR THE COUNSELOR

The following information is given in confidence to your child's counselor to help them know her/him better. It is very important that the **PARENT or GUARDIAN** fill out this form. Please be as candid as possible when completing your answers. Feel free to use additional paper if the need arises. Please complete all information on both forms, sign the bottom of the Health History Form and mail **AT LEAST TWO WEEKS PRIOR TO THE BEGINNING OF**

**YOUR CAMP SESSION** to: Redwood Adventure Camp, P.O. Box 9447, Santa Rosa, CA 95405-1447

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
(LAST) (FIRST)

Grade entering in the fall \_\_\_\_\_ Has child attended Camp St. Michael/Redwood Adventure Camp before? \_\_\_\_\_  
How many years? \_\_\_\_\_

Who Lives In The Home?

Father      Step Father      Mother      Step Mother      Foster Parent      Brothers      Sisters      Grandparents

PARENTS - CHECK CHARACTERISTICS WHICH BEST FIT YOUR CHILD:

finishes what they begin	works well with adults	retiring or shy	strong willed	cheerful	moody
obedient	works well with peers	immature for age	selfish	sensitive	other: _____

Has child been away from home before? \_\_\_\_\_ How Long? \_\_\_\_\_

Can child swim? \_\_\_\_\_ Classification:      beginner      intermediate      advanced

What are child's hobbies or interests? \_\_\_\_\_

Are there any activities she/he should not participate in? \_\_\_\_\_

Does child make friends easily? \_\_\_\_\_

Family Religion? \_\_\_\_\_ Camper attends:      regularly      seldom      never

Is the camper:      a slow dresser?      a slow eater?      afraid of the water, darkness, etc.? \_\_\_\_\_

Is the camper sensitive about nickname, weight, height, etc.? \_\_\_\_\_

Is the camper allergic to or has a strong dislike for certain foods? \_\_\_\_\_

What happens if exposed? \_\_\_\_\_

Is the camper subject to:

bed-wetting      fainting      tiring easily      asthma      nightmares      sleepwalking      constipation      nervousness  
other \_\_\_\_\_

What attitudes, traits or habits are you trying to strengthen or correct? \_\_\_\_\_

Are there any medical problems that the counselor should be aware of? \_\_\_\_\_

Are there any emotional/mental problems that the counselor should be aware of? \_\_\_\_\_

What is the most common behavioral and/or discipline problem you have had with the camper? \_\_\_\_\_

Do you have any special suggestions for working with the camper at camp? \_\_\_\_\_

Please note any social or recreational skills that you hope the camper will develop at camp. \_\_\_\_\_

ADDITIONAL COMMENTS OR INSIGHTS WHICH WOULD BETTER HELP US SERVE YOUR CHILD: \_\_\_\_\_