



CAMPER First Name _____

Last Name _____

Date of Birth _____

2025 CAMPER INFORMATION FORM (Front & Back)

REQUIRED FOR ALL CAMPERS - PARENT PERMISSION & SIGNATURE

Bunkmate Request:

All campers are assigned cabin groups based on age and gender. Please indicate ONE bunkmate request of a similar age, and we will do our best to pair them together. Leave blank if no request needed.

Bunkmate First Name:	_____	Bunkmate Last Name:	_____
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Allergies:

<input type="checkbox"/> NO	No, this camper has no known allergies.
<input type="checkbox"/> YES	<p>Please list known allergies:</p> <p>Environmental (insect stings, hay fever, etc.) _____</p> <p>Medicine _____</p> <p>Other _____</p> <p>Will the camper be bringing an inhaler or epi-pen to camp?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes- Inhaler <input type="checkbox"/> Yes- Epi-pen</p> <p>Below, please include the details of allergic reaction, severity, & treatment.</p>

Dietary Restrictions, Requests or Accommodations:

<input type="checkbox"/> NO	My camper does not have any restrictions or accommodations.
<input type="checkbox"/> YES	<p>Please check all that apply and provide brief explanation below:</p> <p><input type="checkbox"/> Vegetarian</p> <p><input type="checkbox"/> Dairy Free/Lactose Intolerant</p> <p><input type="checkbox"/> Gluten Free/Gluten Intolerant</p> <p><input type="checkbox"/> Other (<i>Explain Below</i>)</p> <p><input type="checkbox"/> ALLERGIC- CAN NOT EAT _____</p> <p>Brief explanation of necessary information for my child's dietary needs while at camp:</p>

**Parent Guardian Signature Required
Continued on Reverse Side**

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Program & Activity Restrictions:

NO

My child can fully participate in camp. (See Parent Handbook – Camp Experience for a list of programs & activities with a sample daily schedule.)

YES

My child can participate in camp with the following restrictions or accommodations: *(please list)*

Camper Health, Support & Special Accommodations:

Does your child have any past or chronic medical conditions or health concerns? *(If YES, please describe.)*

NO

YES

(Please explain)

My child is currently seeing a Medical Professional for an on-going treatment or medical condition, including for physical, mental, emotional, social and behavioral health.

NO

YES

(Please explain)

Please provide any additional information or accommodation needed to support your child while at camp. Information from school IEPs, 504 plans, behavior plans, or intervention plans that will help your camper succeed with us.

NONE

YES

(Please explain)

Parent Authorization & Signature:

I verify that all the information provided on this form is accurate and factual to the best of my knowledge.

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____ Date _____