

# Parent Confidentiality Form

We look forward to welcoming your camper to camp this summer. The information you provide here will help us make your daughter's camp experience more enjoyable and beneficial. **Please bring this form with you to check in on opening day of your camper's session.**

---

Camper's Name \_\_\_\_\_

If your camper is going to resident camp:

Has your camper been away from home overnight? \_\_\_\_\_ Without a family member? \_\_\_\_\_ How long? \_\_\_\_\_

Previous camping experience: (give number of times participated)

Family camp \_\_\_\_\_ Day Camp \_\_\_\_\_ Troop Camp \_\_\_\_\_ Other camp \_\_\_\_\_

Resident Camp \_\_\_\_\_ Type of Program \_\_\_\_\_

Please indicate activities in which your camper is most eager to participate.

Please indicate any skills/talents, interests or hobbies your camper could share with others.

Are there any aspects of camping she has concerns about? (Special fears, fitting in, bed-wetting, sleepwalking, the woods, animals, bugs)

Are there any ways that your camper's counselor might be of special help to her?

Is your camper's birthday during her camp session? \_\_\_\_\_ What day? \_\_\_\_\_ Are there any special family traditions that her counselor's could incorporate at camp?

Has your camper menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_  
Will she have sanitary protection at camp? \_\_\_\_\_ If she has started menstruating is her history normal? \_\_\_\_\_  
Special considerations:

---

---

Please list any special health or behavioral considerations regarding your camper in any of the following areas:

Physical

Emotional

Behavior

Learning Disability

Have there been any significant changes in the family that might affect your camper while she is at camp?  
(Divorce, new baby, move, death in the family)

Please indicate any other comments that might aid the staff in helping your camper to have a good camp experience: