FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2012 Counselor Information Sheet

Child's Full Name: ________________________ **Nickname:** ________________**Grade:** ______**Age**______

Mother's Name: _____________________ **Phone #1:** _________________ **Phone #2:** ________________

Father's Name: _____________________ **Phone #1:** _________________ **Phone #2:** ________________

Address: ____

Does child take medications or vitamins by doctor's orders? ______ **Specify**___________________________

*****If YMCA is to administer medications, a medical authorization form must be filled out. *****

Does your child have any brother/sisters? (List names and ages of siblings): ___________________________

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Your Child: ☐ Cannot Swim ☐ Can Swim WITH assistance ☐ Can swim WITHOUT assistance

Personality:

☐ Shy ☐ Quiet ☐ Aggressive ☐ Bully ☐ Leader

Does child interact well with other children? __________ **Does child have any fears?** _____________________

Does your child have any special needs? ____

____

Regarding camp, my child is: ☐ Excited ☐ Apprehensive ☐ Nervous ☐ Upset

What would you and your child like to get most from his/her camp experience? _________________________

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Does your child have any hobbies, special interest, or skills: ____

Appetite:

☐ Above Average ☐ Average ☐ Below Average

Is your child sensitive about hi/her size, weight, or any other characteristics? ____________________________

List any allergies your child may have to foods or medicine? ____

If allergy occurs, what steps should staff take? ____

Health:

☐ Above Average ☐ Average ☐ Below Average

Health History (please check if your child has/had any of the following):

☐ Asthma	☐ Frequent Ear Trouble	☐ Frequent Headaches	☐ Kidney Trouble
☐ Chicken pox	☐ Fainting Spells	☐ Frequent Sore Throats	☐ Frequent stomachaches
☐ Convulsions	☐ Tuberculosis	☐ Heart Trouble	☐ Bed Wetting
☐ Diabetes	☐ Meningitis	☐ Frequent Colds	☐ Sleep Walk

Is your child have any reactions to poison ivy, poison oak, or sumac? ☐ Yes ☐ No

Has your child had any operations or serious injuries or hospitalized in the past 6 months? ____________

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Please indicate anything that might help us to better understand your child and ensure him/her a happy camp experience?

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