Camper Individual Care Plan

Everyone at camp wants your child to have the best camp experience possible. To help in this effort, we ask for parents to fill out this form only if there are special concerns or situations that you feel we need to know. The more detailed information and helpful "tips" you are able to give, the better prepared we are to work with your child. Please submit form to camp via email or send with your camper on their first day. Please feel free to contact camp to discuss.

This information with be kept confidential. Only the camp director, appropriate lead staff & counselor(s) will be able to access the information below.

Camper Name:_____ Age:_____

Parent Name:_____ Phone Number:_____

Week(s) at Camp:_____

Behavioral Concerns, Triggers & Helpful Tips:

Medical/Allergy Concerns, Things to Watch for, Actions to take:

Other Concerns/Situations:

Please share with us other concerns or anything else you think would be beneficial to know, when working with your camper.

FOR CAMP TO COMPLETE:

COUNSELOR(S):_____