

Camper Name: \_\_\_\_\_

**CONFIDENTIAL CAMPER INFORMATION**  
**CAMP GLEN BROOK**

The following questions are asked to help us better provide care for your child during camp. This information will be handled confidentially by the directors, the nurse, and your child's cabin counselor. Sensitive information will only be shared with other counselors on a need-to-know basis. As educators our interest is providing the very best experiences for your child, not labeling or pigeon-holing. Every year we have many campers and families who are going through transitions and facing struggles. Too often our staff can stumble into a difficult situation when just a bit of background information would have greatly helped, if not prevented some grief, anxiety, or embarrassment. It is a very complex world the children and we are meeting today.

Also be sure to indicate any special medical issues, diet, or health concerns on the medical form.

1. Has your child been to sleep-away camp before?  
How long?            How was the experience?            Any lessons to be learned?
2. Does your child have any concerns, worries, or hesitations about the coming to camp? (Even very small things can loom large for a child, and can usually be put to rest early, if not now.)
3. Does your child sleepwalk? \_\_\_\_ Any recent bedwetting? \_\_\_\_  
Any recurring talking or calling out during sleep? \_\_\_\_ Nightmares? \_\_\_\_ Any advice for us?
4. Is there a divorce, separation, or death of parents?            If so please indicate whether there is some sensitivity we should know of? ( Is it recent? Is there a significant strain between parents that the child senses? Are there custody/visitation tensions? Is there a step-parent, grand-parent, or other person who plays a major role in the family?)
5. Has your child been professionally counseled for any situations—emotional, learning difficulties, divorce or grief, etc.? \_\_ If so, is there any information or advice that would be helpful for us?
6. Does your child act out, withdraw deeply, or exhibit other unexpected reactions when facing frustrating situations? Any advice for us?
7. Has your child shown any recurring or especially intense periods of depression, moodiness, or frustration? Is your child currently taking medications for these situations?
8. Does your child have fears of darkness, water, animals, storms, fire, failure, etc.?
9. Are there any recent major changes in your child's life: change of school or neighborhood, death or serious illness of a close relative/friend/pet, parental employment change, accident or trauma, etc.?

10. What values, activities, habits, etc. would you hope could be fostered and reinforced for your child in a camp setting and experience?
  
11. Are there any special religious issues or practices we should be aware of?
  
12. Does your child have any special learning challenges that we should be aware of? (i.e., difficulties in processing information, ADHD, ADD) Is your child taking any medications for these situations?
  
13. Do you have any special concerns as a parent about summer camp in general and your child at camp in particular that we can be aware of or help you with?

The following pairs are in many ways polar or exclusive, but not necessarily. Use checkmarks to indicate where on the spectrum your child usually seems to be—definitely one side, somewhere mid-course, tending one direction, or everywhere depending on time and context.

	√	√	√	√	√	√	
Shy, introspective -----							Gregarious, extroverted
Boundless energy -----							Tires readily
Quiet, measured pace -----							Full steam ahead
Prefers security/tradition -----							Prefers ever new & different
Needs lots of sleep-----							Needs little sleep
Wide Awake, Conscious of everything -----							Dreamy
Ravenous appetite -----							Small appetite
Wants to be a leader-----							Prefers to follow
Calm even during external excitement -----							Gets wound up easily
Content to follow a different drummer -----							Likes to be in the center of the crowd
More competitive, wins are important -----							More collaborative, enjoys just playing
Self-conscious-----							Uninhibited
Has one or two close friends at a time -----							Always has many friends
Morning person -----							Night person

Answered by: Mother \_\_\_\_\_ Father \_\_\_\_\_