

**SPECIAL REQUEST/INFORMATION FORM**  
**ALL INFORMATION IS CONFIDENTIAL**

Camper's Name: \_\_\_\_\_ Division: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Is you child: very independent:\_\_\_ independent:\_\_\_ average:\_\_\_ dependent: \_\_\_

Comment: \_\_\_\_\_

2. Socializing qualities of children vary. Please indicate your child's abilities:

Below average: \_\_\_\_ average: \_\_\_\_ above average: \_\_\_\_

3. Are you sending any medicine, etc. for Camp Doctor's attention? \_\_\_\_\_

If yes, make sure your doctor sends a careful schedule of instructions. If no, but she takes medicine during the school year, please inform us of this as well.

4. Are there any individual problems of emotional or social adjustments which you anticipate from previous behavior? If so, please elaborate in a separate letter or on the back of this form. Please know that it is imperative that we work together to make your daughter's summer the most positive experience. With that in mind, if there has been any changes in her home or school life in the past year, please share this with us.

5. Some children have various sleeping habits; that is, going to bed but awakening during the night, needs light on, bed wetting, etc. Please comment on any special habits, if applicable: \_\_\_\_\_

6. Comments concerning allergies: \_\_\_\_\_

7. Need of encouragement to participate: \_\_\_\_\_

8. Any activities to be restricted? \_\_\_\_\_

9. Please elaborate on any habits or particular likes or dislikes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents Signature: \_\_\_\_\_