Emergency Information (page 1) & Questionnaire (page 2)

**You may type directly into this form in the gray boxes.**

Child’s Name:

Gender:

Date of Birth:

Parent/Guardian Contact Information:

|  |  |
| --- | --- |
| Name:       | Name:       |
| Relation:       | Relation:       |
| Address:      | Address:      |
| Cell Phone#:        | Cell Phone#:        |
| Home phone#:       | Home phone#:       |
| Email:       | Email:       |

The following individuals may pick up my child if parents/guardians can’t be reached:

|  |  |
| --- | --- |
| Name:       | Name:       |
| Relation:       | Relation:       |
| Cell Phone#:        | Cell Phone#:        |
| Home phone#:       | Home phone#:       |

Name of child’s physician:

Physician’s phone#:

Special medical information (include medicine allergies, food allergies and other significant medical information):

Health Insurance Company:

Insurance Identification Number:

Emergency Medical Care:

[ ]  (check box) I authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment. I further give permission for my child to be transported with his/her caregiver in an emergency vehicle in the event of such emergency. I understand that I will be financially responsible for such emergency vehicle, if applicable.

Parent Name:       Date:

**Continued on next page**

**Questionnaire:**

The purpose of this questionnaire is to help our staff gain a better understanding of your child. Please feel free to add any additional information which you think might be helpful.

What would you like your child called at camp?

Ethnic/Racial Identity:

Language(s): ­­­­

Is there any information about your child's general physical condition that is important for us to know?

Does your child have a disability?       If so, please describe:

Does your child take any prescribed medications regularly?

Will your child need to take medications while at school/camp?       If so, we will provide you with a medication form to complete.

Does your child have any allergies? If yes, please list and describe the reaction:

Is there anything we need to know about your child in relation to eating? Are any foods excluded from your child’s diet?

What are some of your child's favorite activities at home:

Does your child show fear of anything? If so, please describe:

Does your child have any significant behavior issues? If so, please describe:

Describe how you typically respond to your child’s challenging behavior:

Are there special circumstances we should be aware of regarding your child’s home life (custody agreements, court orders, visitation rights, substance abuse, domestic violence, incarceration, critically ill family members, etc.)?

For children learning to use the bathroom independently, please answer the following where applicable:

Is your child able to use the bathroom independently?

Does your child state the need for:

Urination?      What does he/she say?

 B.M.?       What does he/she say?

Is there anything else you would like us to know about your child’s toileting habits?

Any other comments, questions, or concerns?