**UD Lab School – Camp Family 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.

First name:

Last name:

Date of Birth:

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?