
Follow-up Health Questionnaire

For:

Tell us about worries you have for yourself/your camper at camp? What struggles might you anticipate?

Are you or your camper working with a mental health professional at home? What recommendations might they have for your week at camp?

What would help you/your camper thrive at camp? Please share about personal strengths or emotional triggers.

Tell us of any Behavioral Recommendations you might have or be using currently.

While we strive to be sure campers receive a minimum of 8 full hours of sleep and recognizing that bedtimes may vary, are there any recommendations that you may want to share with us?

Knowing our standard meal times are

Breakfast = 8am

Lunch = 12 noon

afternoon snack

Dinner = 6pm,

are there things we may need to be aware of?

Are there specific snacks that your child needs, if so are you prepared to bring them?

Are there any recommendations that we may need to be aware of regarding verbal and non verbal communication with you or your camper?

Are there any recommendations that we may need to be aware of regarding Social interactions?

Medication Recommendations: (Our camp nurse will oversee administration of medication, but please let us know if you have recommendations to help reinforce medication adherence.)

Who can we call during the week of camp if your camper needs to call home for support?

Primary Contact: (Please list below Name, relationship, phone number)

Secondary Contact: (Please list below Name, relationship, phone number)

Follow-up Health Questionnaire (continued)

For: _____

Who will be available throughout the week to pick up your camper if an emergency or crisis were to arise?

Primary Contact: (Please list below Name, relationship, phone number)

Secondary Contact: (Please list below Name, relationship, phone number)

Have you confirmed that all of the above listed contacts will be available the week of camp? (Yes or No)

Yes

No

Signature _____ Date _____