



girl scouts of northern illinois

Confidential Camper Form

Camper's Name _____ Camp _____

Session _____ Dates _____

Community _____ School Grade Fall 2011 _____

Dear Parents/Guardians: This information is kept in the strictest confidence and given only to her assigned counseling staff. It will help us know and understand her, which in turn will help us to do a better job in programming. If she has health, dietary or emotional considerations, please describe them fully and include your suggestions on how we may better serve her needs. Please check answers and explain. **On the back, we invite your camper to write to her counselors and tell them about herself!** Thank you!

1. Names and ages of Brothers _____ Sisters _____

2. Does she have any special pets? _____

3. Has she been away from home/family two or more consecutive nights successfully? Yes No
Please tell us about any previous camping experience _____

4. How well does she adjust to new situations? _____

5. Does she have any special fears (storms, insects, water, dark, other)? Yes No _____

6. Does she wet the bed? Yes No If so, are there any precautions we can take? _____

7. Does your camper sleepwalk? Yes No Things we should know _____

8. Has anything occurred to her recently that may be difficult for her or may affect her camp behavior (school problems, moving, loss of pet, family problems)? Yes No _____

9. As her parent/guardian do you have any special expectations for you camper from this camp experience (specific activities, goals)? Yes No _____