

INGHAM COUNTY PARKS

Exploring Nature Day Camp



Camp Session Number & Dates: _____ / _____ to _____ / _____

Camper Name: _____

Sex: _____ Age: _____ Grade (Just completed) in School: _____ Birthdate: _____

Does Camper have any communicable diseases? NO _____ YES _____

If you answered yes please explain:

Does Camper have any allergies (foods, medications, etc)? NO _____ YES _____

Please list any allergies/medications, including name, dosage, frequency and dispensing method for medications:

I hereby grant the Camp Naturalist permission to dispense medication if brought into camp:

Parent/Guardian Signature: _____

Is Camper allergic to bee stings? NO _____ YES _____ Date of Camper's last tetanus shot: _____
(If yes, please provide antivenin in a cooled container) (Please get this date from your doctor)

Are camper's immunizations shots current? NO _____ YES _____

Can Camper swim? NO _____ YES _____ Stay Afloat? NO _____ YES _____

Please note anything special we should know to ensure camper's comfort and enjoyment while at day camp:

Parent/Guardian Information:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

If parent(s)/guardian(s) cannot be reached, contact:

Name: _____ Relationship: _____

Address: _____ Phone #s: _____

Family Physician Information:

Physician Name: _____ Phone: _____

Emergency Care Hospital preferred (Ingham Medical Center is the closest): _____

I hereby grant permission for a doctor to administer routine 1st aid and emergency medical treatment if staff is unable to contact a parent:

Parent/Guardian Signature: _____ **Date:** _____

Please see back of form

Ingham County Parks Exploring Nature Day Camp

Questions for Parent/Guardian:

Would you say your child acts:

1 2 3 4 5
Old for his/her age Young for his/her age

Would you say your child is:

1 2 3 4 5
Solitary Social

Would you say your child is:

1 2 3 4 5
Quiet Active

Questions for Camper:

What is your favorite subject in school? _____

Why? _____

What subject is most difficult for you in school? _____

Why? _____

I would rather work: Alone In Groups

I do my best work: Alone In Groups

What kind of books do you like to read (some examples: mysteries, history, fairy tales...)?

What kind of games do you enjoy playing (soccer, checkers, marbles...)?

If you couldn't watch TV or play video games at home, what would you do?

If you could learn about anything you wanted to learn about, what would it be?

Please feel free to provide any additional comments on a separate sheet of paper

THIS FORM MUST BE RETURNED BEFORE CAMP BEGINS

Mail to: Ingham County Parks, P O Box 178, Mason, MI 48854