

## A Special Note Regarding Personal Information about Your Child

**You will notice that the health forms enclosed contain space for personal information regarding your child and family. We would like to take a moment to talk with you about these important questions.**

Some parents hesitate to provide camps with personal information about their child's behaviour or past experience. Some fear the information may be misused, while others are concerned about their child being labelled, singled out, or treated differently. All parents want to see their child have a strong, fresh start at camp, unencumbered by past problems.

As seasoned camping professionals, we appreciate these concerns. We also know how *invaluable* such information can be in assisting us help your child make as smooth and happy adjustment to camp as possible – something we know all parents want too!

Having prior knowledge about a learning difficulty, ADHD, a special need, or a recent loss or major change in the family or child's life makes a tremendous difference in helping us be sensitive to your child's need for patience, understanding, and reassurance – especially in the first few days of camp!

This is especially true for children who have an attention problem, a special need or who are nervous about new situations. Many parents fear that a camp will not accept their child if they are completely forthcoming about these situations, yet *children need us to be partners with you in planning for a safe and successful summer.*

**Our commitment is to use such information only to help your child adjust to camp. It will never be used at camp unless necessary, and then only with the greatest of discretion and your prior knowledge.**

Remember, when faced with challenges, we can help your child have great success if you help us. We encourage you to make us a full partner in planning your child's summer.

If you have any questions about this form, would like to set up an appointment to discuss the information in more detail or have a tour of your camper's camp site please call the Y at the number below.



**Name of Camper:** \_\_\_\_\_

How easily does your child make and retain friends and with what age group (please circle)?

Easily                      Younger                      Fairly Easily                      Same Age                      With Difficulty                      Older

If your child has trouble making or keeping friends, please tell us more about this:

\_\_\_\_\_  
\_\_\_\_\_

What would you like your child to accomplish at camp (both in activities and personally)

\_\_\_\_\_

If your child is upset, what usually helps?

\_\_\_\_\_

Has your child had any problems at school or at extra curricular activities (e.g. bullying, being bullied,)? Please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does your child react to authority? Please describe different scenarios if you need to.

\_\_\_\_\_  
\_\_\_\_\_

**Eating Habits** (please circle any that apply):                      Fussy                      Hearty                      Average

Dietary Restrictions or Allergies: \_\_\_\_\_

**Immunizations:** Has the camper/leadership participant been immunized against diphtheria, mumps, polio, red measles, rubella and tetanus in accordance with the recommended immunization schedule in Ontario?

(Please circle):                      Yes                      No

If no, state reasons: \_\_\_\_\_

Does your child have any fears or anxiety concerns that we should know about? How are these managed at home?

\_\_\_\_\_  
\_\_\_\_\_

Does your child get motion sickness? How is this handled at home? \_\_\_\_\_

\_\_\_\_\_

Name of Camper: \_\_\_\_\_

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**IMPORTANT - Please note:**

1. If your child has been in contact with a communicable disease within 3 weeks prior to their arrival at camp, you must notify the camp.
2. **ALL** prescribed medications must come to camp in the original bottles provided by the pharmacy. Do **NOT** put medications into other containers or we will not be able to administer these at Camp Nagiwa.
3. Medication can only be administered if a "Consent for Medication Administration" form is filled in and received at camp.
4. Parents will be contacted if your child needs to leave site to go to the health clinic or hospital or if your child requires medical attention for more than 24 consecutive hours or medical attention beyond what is available at Camp Nagiwa (e.g. hospitalization).
5. All children will have a health check with a Camp Nagiwa Health Staff (e.g. nurse) within 8 hours of their arrival on site. At this time, general health questions will be asked, medications will be transferred to the Camp Nagiwa staff and a lice check will occur.

**Authorization:** In registering for YMCA- YWCA of Guelph's Camp Nagiwa, I the undersigned parent, guardian or other duly authorized party have read and hereby agree to all registration notes and conditions of enrolment including payment, cancellation, refund, behaviour, participation, accident, media and health policies. I have filled in these forms as accurately as possible in order to provide the highest level of care for my child.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**CAMPING BACKGROUND**

How did you hear about Camp Nagiwa? \_\_\_\_\_  
\_\_\_\_\_

Who, if anyone, referred this child to Camp Nagiwa (please be specific with names)? \_\_\_\_\_  
\_\_\_\_\_

Who, if anyone, did you refer to Camp Nagiwa (please be specific with names)? \_\_\_\_\_  
\_\_\_\_\_

Has your child been to overnight camp before (if yes, please include programs and dates)? \_\_\_\_\_  
\_\_\_\_\_

What is your primary reason for choosing this experience for this child? \_\_\_\_\_  
\_\_\_\_\_

**CABIN MATE REQUEST**

Is there another child (same gender, same grade at school) who you would like us to consider as a roommate for your child? \_\_\_\_\_  
\_\_\_\_\_

***Please fax this form to the Guelph Y (number below) or drop it off at the front desk prior to June 15, 2009.***