

Carmans River Adventure Day Camp

Carmans River Adventure Day Camp is committed to providing your child with a wonderful camp experience. To help us, please answer the following questions so we can address your child's individual needs.

Child's Name: _____ DOB: _____ Phone #: _____

Does your child have allergies? Yes No

How is he or she treated?

Will allergy medicine be necessary at camp?

Does your child have asthma? Yes No

If yes, what triggers the asthma?

Will asthma medication be necessary at camp?

Does your child have any physical or learning disability or other special needs?

Does your child have ADD, ADHD, OCD or seizure disorder? If yes, please explain.

Parent signature: _____ DOB: _____