

Tall Pines Day Camp

CONFIDENTIAL FORM

The Confidential Form should be completed by a parent or guardian and returned to the camp immediately. These questions about your child will help your Senior Counselor to become acquainted with your child before camp begins. We appreciate your thoughtfulness in completing this questionnaire. Thank you.

Camper's Name: _____

1. Please describe any day camp experience your child has had: _____

2. If there has been a separation/divorce/remarriage/death in the family, please briefly explain any circumstances involving your child of which the camp should be aware: _____

3. Has your child received any psychological/psychiatric counseling? Please explain: _____

4. Are there any dietary restrictions or special foods concerns of which we should be aware? _____

5. Is your child taking any medications? If yes, please list them:

Medication: Reason: _____

Medication: Reason: _____

6. Please list any allergies or health issues of which the camp should be aware: _____

7. Do you want your child restricted from any activities? If yes, please explain: _____

8. Please list any further instructions for our staff: _____

Signature of parent/guardian: _____

Date: _____

Please return via:

Mail: Tall Pines Day Camp, 1349 Sykesville Road Williamstown, NJ 08094, or

E-Mail: pam@tallpinesdaycamp.com, or

Fax: (856) 262-0195