

CAMPER PERSONAL PROFILE INFORMATION

CAMPER NAME: _____ **DATE** _____

PLEASE LIST ANY INFORMATION NEEDED THAT WILL ENABLE US TO MAKE YOUR CHILD'S SUMMER A SAFE, HEALTHY AND HAPPY ONE.

PERSONAL TRAITS:

ACTIVITY INTERESTS:

MEDICAL CONCERNS:

MISCELLANEOUS:

I GIVE MY CHILD PERMISSION TO PARTICIPATE IN ALL CAMP ACTIVITIES UNLESS OTHERWISE STATED IN THE ABOVE DOCUMENT. I ALSO GIVE PERMISSION FOR MY CHILD TO HAVE IBUPROFEN AND/OR ACETOMINIPHEN.

PARENT SIGNATURE: _____