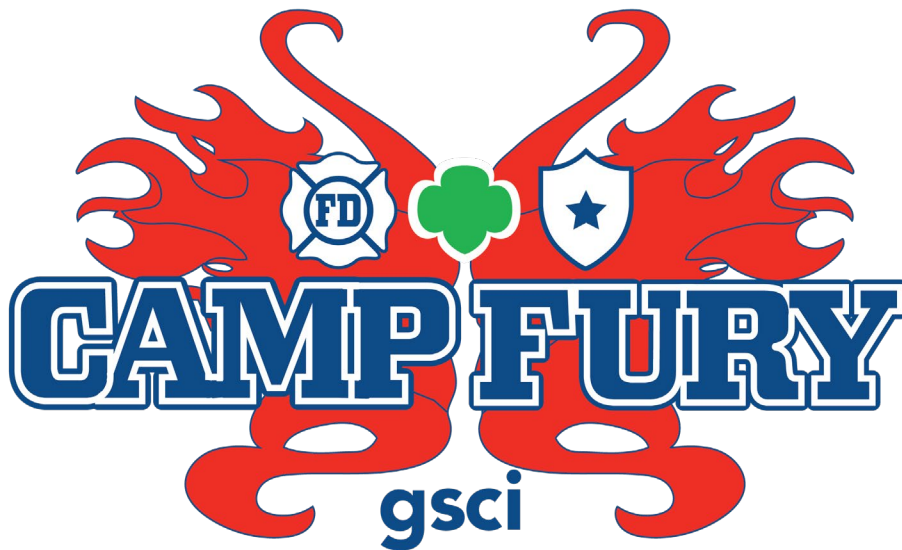




2025 SUMMER CAMP CAMP FURY CAMPER INFORMATION



Required Information

The following forms should be completed and are due at camp CHECK-IN.

Forms are not accepted by mail or at the office. Please do not print forms double sided. They must be turned in on the first day of camp. Look for them at the end of this packet and attached to this email:

- ☐ Code of Conduct Form
- ☐ Camper Pick-up Form
- ☐ Parent Questionnaire
- ☐ Camper Letter to Counselor
- ☐ Waivers
- ☐ Health Record with vaccine record or signed exemption (Signed by a physician.)
- ☐ Camp Fury Code of Conduct Form
- ☐ Explorer Cadet Enrollment Form
- ☐ Parent Consent Form

Code of Conduct - Behavior agreement that campers and parents sign, agreeing to abide by all camp and council rules. Used as the first reminder if behavior problems arise.

Camper Pick-Up - Grants permission for your camper to be picked up from camp. Parents must list themselves on the form in addition to any other adult who may pick up the camper.

Waivers – All waivers must be signed and turned in on arrival. Some waivers will be emailed separately.

Health Record – A Health Record is required for all overnight campers. **This form must be signed by a physician within the past 24 months OR you must submit a copy of a physical completed within the past 24 months of the last day of the camp session they will be attending.** Health forms from previous years of camp are not available, as they are permanently stored upon closure of the camp season. Be sure to keep a copy of the health form for your records. Campers will not be allowed to attend camp without a current health form. Please contact the camp director two weeks prior to camp if there are any special medical or dietary needs so we can make arrangements and be prepared at camp.

Medications – Medication information must be included on the health record, if applicable. **DO NOT** pack any medications in your camper's luggage, including inhalers, epi-pens, prescriptions, or over-the-counter medication/vitamins/oils. All medications are required to be turned over to camp staff upon arrival. All medications must be in original containers with instructions from a physician or pharmacy—times and dosage should be clearly stated, and medications must not be expired. If your camper has special medical needs, arrangements will be made to transport them to a doctor's office. Parents are responsible for these expenses.

Health & Safety

Health Information

Camp staff is First Aid and CPR-certified and trained to respond to minor scrapes, bumps and bruises. The local police and fire departments are notified at the start of the camp season and are prepared to respond within minutes.

Should a camper become ill, injured, or displays COVID-19 symptoms at camp, the staff will administer first aid and follow written procedures given by the camp physician. This may include a visit to a local doctor's office or emergency room after hours. If a camper requires a long rest period for recovery or cannot remain at camp, the camper will be sent home. If a camper's illness or injury is severe, emergency care will be given at the scene and the camper will be transported to the hospital emergency room. Parents/guardians will be notified, but in life-threatening situations, treatment may begin before notification, as indicated on the health consent form.

Insect Repellent and Sunblock

Our camps are in wooded settings with bugs and lots of sun. Campers are expected to be able to properly apply sunblock and insect repellent on their own with limited assistance from friends/counselors. Make sure the sunblock and insect repellent are not expired, as they lose their ability to be effective. Look for waterproof sunblock that has a high SPF and repellent that doesn't have a sweet smell, is non-aerosol, and has a lower level of DEET (under 30% is preferred; DEET is harmful to children if ingested).

Weather Conditions

Camp activities may change due to weather. If the weather is inclement, campers may not be able to participate in activities that are affected by rain, storms, and extreme heat. Activities and schedules will be modified as necessary. In the event of severe weather, a building at camp is reserved for the safety of campers. Staff members are able to communicate with each other and the camp office for weather updates and emergencies. When severe weather occurs, all campers are safely moved to the designated buildings for shelter.

Visitors

For the safety of all campers and staff, visitors will not be allowed at camp during the week.

Cancellations

If your camper is unable to attend, please notify us ASAP so we can contact the next person on the waiting list.

Life at Camp

Sending Food

Three meals a day and snacks are included, so sending food to camp is not necessary. However, if you do send snacks, be sure to label them with your camper's name.

Morning Physical Fitness

Each morning campers will participate in physical fitness exercises. These are required activities that help prepare you for the day. They are designed to prepare your body for the activities for the day and to help prevent injury.

Kapers

Kapers are simple daily chores campers share while attending camp. Each staff member models and teaches campers proper ways to care for the environment and their camp surroundings. Each unit is responsible for the upkeep and cleaning of their area and for additional small daily camp responsibilities. Campers are closely monitored to make sure that established health and safety procedures are used in completing cleaning tasks. Living in a community setting assures the whole community to take an active role in keeping the community running smoothly and safely.

Clothing

Each camper will receive 2 shirts and 2 pairs of shorts that they are required to wear each day as their "uniform". Uniforms will be collected at the end of each day, by staff, to wash. Only the shirts and shorts will be taken, so please be sure to bring enough underclothes for the week. Once we return to camp and shower they are welcome to wear their normal clothing.

Packing for Camp

What Not to Bring

The following items are not allowed at camp: Strapless tops, bikinis, hair dryers; curling irons; phones, tablets or similar electronic devices; radios; CD players; MP3 players; gaming systems; DVD players; iPods; expensive jewelry; weapons or weapon look-a-likes; alcohol; illegal substances; tobacco products; cannabis products; vapes, e-cigarettes, or similar; pets/animals; or personal sports equipment. Campers will be checked for these items. If found, items will be held by the camp director for safe keeping until the end of the camp session. Do not pack your medication.

Girl Scouts of Central Illinois is not responsible for lost or stolen items. If your name is not on it – it may not be returned.

Please pack with your camper so they know what's in their luggage!

SLEEPING GEAR:

- ☐ Pillow and pillowcase
- ☐ Sleeping bag (or substitute with sheets and blankets)
- ☐ Fitted and flat twin sheet

CLOTHES (No laundry facilities available):

- ☐ Shorts (1 pair for each day)
- ☐ T-shirts (1 for each day)
- ☐ Jacket, sweater, or sweatshirt
- ☐ **Sneakers that are sturdy and have laces (No open toed shoes or crocs—shoes must be worn at all times)**
- ☐ 2 pairs of underwear for every day (please pack more than enough)
- ☐ 2 pairs of socks for each day
- ☐ Pajamas
- ☐

PERSONAL ITEMS:

- ☐ Comb and/or brush & hair ties/bands
- ☐ Small bag to carry items to the shower house

- ☐ Bath soap
- ☐ Shampoo/conditioner
- ☐ Toothbrush, toothpaste, dental floss
- ☐ Deodorant
- ☐ Sanitary items
- ☐ Shower towels and washcloths
- ☐ Laundry bag (a trash bag or other waterproof bag works well as items will get wet and smelly at camp)
- ☐ Waterproof or sports sunscreen (not suntan oil- must have at least SPF 30)
- ☐ Insect repellent (non-aerosol with less than 30% DEET)
- ☐ Sunglasses
- ☐ Lip balm with SPF

MUST-HAVE ITEMS:

- ☐ Water bottle
- ☐ Flashlight, headlamp, or lantern with extra batteries,
- ☐ Flip-flops (for showers only)

Arrival/Departure

Arrival

Check-in will take place between 9:30am and 10:00am on Monday morning. Please bring all paperwork filled out and completed.

Departure

Pickup will take place at the Graduation Ceremony at the Illinois Fire Service Institute at 11 Gerty Dr, Champaign, IL. Ceremony begins at 11am. A staff member will greet you and check your identification card. Anyone picking up a camper, INCLUDING parents/guardians, must present a driver's license or other picture identification AND be listed on the Camper Pick-Up Form. For safety and risk management purposes, campers will not be released to anyone not listed on the pick-up form and cannot be released to anyone without photo identification.

Directions to Camp Kiwanis

- **Camp Kiwanis: 301 Sugar Lane, Mahomet, IL**

From Champaign, take I-74 West to Prairieview Rd exit. Turn right. At the 4-way stop at Tincup Rd., turn left. When you come to the T-road, turn left and go uphill approximately 1 mile. Look for a Camp Kiwanis sign before the overpass. Turn right/north at the sign. Follow gravel road into camp.

Camp Contact Information

Feel free to contact us if you have any questions:

Program Director

Sara “Squatch” Tate

state@girlscouts-gsci.org / 309-214-1375

WE CAN'T WAIT TO SEE YOUR CAMPER!

Code of Conduct Form

(All campers must complete and turn in at check-in)

This Code of Conduct, combined with the Girl Scout Promise and Law, is our guide for behavior at all Girl Scout activities and camps (including trips). To be read and signed by **both** parent/guardian and girl participant.

- I understand that rules are made to protect me and others; to help make sure program activities and travel are safe, fun, and successful; and to create a welcoming camp community.
- I will treat other people, myself, property, and equipment with respect.
- I will follow the principles of the Girl Scout Promise and Law.

The Girl Scout Promise

On my honor, I will try;

To serve God and my country,
To help people at all times,
And to live by the Girl Scout Law.

I understand the following are unacceptable and will be grounds for dismissal from camp:

- Violence, bullying, name calling, and put-downs in person or using technology
- Cursing or verbally abusing anyone for any reason
- Intimidating, threatening use of verbal or non-verbal language that makes others feel that their safety is at risk
- Fighting, threatening, stealing, damaging property, or endangering the well-being of self or others
- Inappropriate clothing, jewelry, or swimwear
- Swimming, boating, archery, or challenge course after dark or without a facilitator present
- Entering the Health Center without a counselor
- Leaving the group without permission; leaving camp property without a counselor. The buddy system and adult supervision is required at all time at camp and on trips.
- Inappropriate conversations/topics or touches

I understand the following are not allowed at camp and will be taken by the counselor or director and will be grounds for dismissal from camp:

- Phones, tablets, or similar communication devices
- Headphones, CD/MP3 players, radios
- Weapons or look-a-likes
- Alcohol, cannabis, or illegal substances
- Medication which is not turned in to the Health Center (**All medications must be turned in to the Health Center in the original container with the specific, unaltered directions of a licensed physician on the original prescription bottle. Do not send expired medication to camp.**)
- Tobacco or Vaping products
- Vehicles
- Pets/animals
- Personal sports equipment

The Girl Scout Law

I will do my best to be

honest and fair,
friendly and helpful,
considerate and caring,
courageous and strong, and
responsible for what I say and I do,

And to

respect myself and others,
respect authority,
use resources wisely,
make the world a better place,
and be a sister to every Girl Scout.

Girl Scouts of Central Illinois reserves the right to send home any camper who exhibits unsuitable behavior. Parents/guardians are responsible for picking up their camper in a reasonable timeframe as deemed necessary by the camp director. There is no refund in the event a girl is sent home. Person listed as emergency contact may be contacted if parent/guardian cannot be reached.

Parent/Guardian signature _____ Date _____

Camper signature _____ Date _____

Camper Pick-Up Form

(All campers must complete and turn in at check-in)

This form must be completed and turned in at camper check-in. Anyone who will be picking up your camper from camp, including a parent/guardian, must be listed. The person picking up your child must show a photo ID before the child will be released. Siblings attending camp at the same time may be listed on the same form. Campers attending multiple sessions may use one form for all sessions.

Camper Name: _____

Camp Session(s) Attending: _____

I hereby authorize the following person(s) to pick up my child from camp:

_____	_____	_____
Name	Relation to Camper	Phone #

_____	_____	_____
Name	Relation to Camper	Phone #

_____	_____	_____
Name	Relation to Camper	Phone #

_____	_____	_____
Name	Relation to Camper	Phone #

_____	_____	_____
Name	Relation to Camper	Phone #

Any Special Pick-Up Notes: _____

_____	_____
Parent/Guardian Signature	Date

CAMPER/ADULT HEALTH RECORD FOR CAMP

This form is required for Overnight Camp, Day Camp, trips of 3 days or more, and certain adventure activities.

Overnight Campers must have this form completed by a physician.

Day Campers may have the form completed by a parent/guardian. Physician signature is not required.

Fill out all sections completely. Indicate None or Does Not Apply as necessary.

A. Participant Name (Last, First, Initial)		Name and relationship of parent/guardian completing this form			Phone		
Address (Street & Number)		City or Town	State	Zip Code	Date of Birth	Age	Sex

B. EMERGENCY/TRANSPORTATION CONTACT – Must include parent/guardian or person completing form.

Relationship Key: M=Mother, SM=Stepmother, F=Father, SF=Stepfather, GP=Grandparent, O=Other

NAME	RELATIONSHIP	DAY PHONE	EVENING PHONE	CELL PHONE	THIS PERSON IS AN EMERGENCY CONTACT	MY GIRL SCOUT MAY BE RELEASED TO THIS PERSON
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Physician's name _____ Phone (____) _____ Dentist's name _____ Phone (____) _____

Are there any legal custodial issues we should be aware of? ☐ Yes ☐ No

If yes, please explain. _____

C. HEALTH HISTORY – To be completed by parent/guardian. Check all that apply. Please contact the camp director before the start of camp if you would like to discuss any accommodations or needs to ensure your camper is successful at camp. Explanations of any items checked should be added at the end of this section sections F & G.

ALLERGIES (Complete reverse side.)	DISEASES	CHRONIC OR RECURRING ILLNESS	OTHER HEALTH CONDITIONS	
<input type="checkbox"/> Animals <input type="checkbox"/> Food <input type="checkbox"/> Hay fever/Pollen <input type="checkbox"/> Insect stings <input type="checkbox"/> Medicine/Drugs <input type="checkbox"/> Plants <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Chicken pox <input type="checkbox"/> Eating disorder <input type="checkbox"/> German measles <input type="checkbox"/> Measles <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Mumps <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding disorders <input type="checkbox"/> Diabetes Type 1 <input type="checkbox"/> Diabetes Type 2 <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart defect/disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Kidney disease <input type="checkbox"/> Musculoskeletal disorders <input type="checkbox"/> Seizures/Epilepsy <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Sinusitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Bedwetting <input type="checkbox"/> Behavioral disturbances <input type="checkbox"/> Constipation <input type="checkbox"/> Depression <input type="checkbox"/> Diarrhea <input type="checkbox"/> Emotional disturbances <input type="checkbox"/> Fainting <input type="checkbox"/> Frequent colds <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Frequent sore throats	<input type="checkbox"/> Frequent stomach aches <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Learning disability <input type="checkbox"/> Menstrual cramps <input type="checkbox"/> Motion sickness <input type="checkbox"/> Night terrors <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Pediculosis (lice) <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Wears glasses/contacts <input type="checkbox"/> Wears orthodontic devices <input type="checkbox"/> Other (specify)

In the past year has your camper had:

- ☐ an injury/illness requiring medical attention
- ☐ a surgical operation or fracture
- ☐ restrictions from participation in physical education
- ☐ an illness lasting longer than 5 days
- ☐ hospital treatment
- ☐ exposure to contagious disease

Is your camper currently:

- ☐ receiving psychological counseling
- ☐ under a physician's care
- ☐ restricted in physical activity
- ☐ taking prescription medication (Complete reverse side.)
- ☐ taking over the counter medication (Complete reverse side.)
- ☐ taking no medication on a routine basis

Please explain any items checked on the lines below. Include dates and any information that would be helpful to camp staff in relation to these health conditions. Add a separate sheet if needed. Allergies and medications should be explained on reverse side.

Continued on Next Page

D. OTHER INFORMATION

Height; _____ Weight:

Specify any special dietary regimen to be followed:

Specify activities to be encouraged:

Specify activities to be restricted:

List necessary adaptations or limitations:

Has your camper been taught about menstruation?

☐ Yes ☐ No

Has your camper begun menstruation?

☐ Yes ☐ No

E. PERMISSION TO TREAT
My camper has permission to take or use the following:

- ☐ Advil/Ibuprofen
- ☐ Midol
- ☐ Tylenol/acetaminophen
- ☐ Calamine/Cala-gel/Aloe gel
- ☐ Hydrocortisone cream
- ☐ Neosporin
- ☐ Benadryl/antihistamine (oral)
- ☐ Robitussin/expectorant
- ☐ Sudafed/decongestant
- ☐ Cough Drops
- ☐ Chloraseptic/Throat spray
- ☐ Tums/Maalox/Mylanta/antacid
- ☐ Kaopectate/anti-diarrheal
- ☐ Milk of Magnesia/laxative
- ☐ Swimmer's Ear/alcohol
- ☐ Eye drops
- ☐ Other _____

This health record, including the allergy and medication information on the reverse side, is complete and accurate. My camper has my permission to engage in all prescribed activities, including strenuous activities such as hiking, swimming, climbing hills, and horseback riding (if applicable), except as noted by me and the examining physician.

I give my permission for the camp staff to obtain in-camp or out-of-camp medical treatment for my camper should the need arise while they are at camp. In case of emergency, if none of the above can be contacted, I consent to treatment for my camper under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. If my camper is out of camp on a trip, I will not be contacted before medical treatment is given.

HEALTH INFORMATION PRIVACY STATEMENT
The **Camper/ Adult Health Record for Camp** is for health care concerns at Girl Scout day camp or resident camp sessions only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health service supervisor at the camp. Minimal necessary information may be shared with other staff/volunteers in order to provide adequate participant safety and health care. Girl Scouts of Central Illinois, will retain the health form until it is destroyed. All forms/records with noted treatment will be retained for seven years past the age of maturity of the participant. I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Signature of Parent/Guardian _____ Date _____

F. MEDICATION INFORMATION - To be completed by the parent/guardian. Your campers over-the-counter and prescription medications will need to be brought with them to camp in the original containers with their correct label and dosage information. Attach a separate sheet if necessary.

Medication	Condition Treated	Dosage	Time of Day		Taken With Food
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANT NAME (LAST, FIRST, INITIAL) _____

G. ALLERGIES – To be completed by the parent/guardian. List all known allergies. Attach a separate sheet if necessary.

MEDICATION ALLERGIES

REACTION OR SYMPTOMS

MANAGEMENT OR TREATMENT

FOOD ALLERGIES

REACTION OR SYMPTOMS

MANAGEMENT OR TREATMENT

OTHER ALLERGIES (animals, hay fever, etc)

REACTION OR SYMPTOMS

MANAGEMENT OR TREATMENT

H. DOCTOR'S APPROVAL TO SELF-ADMINISTER INHALERS

Please allow _____ to self-administer their inhaler. _____ has asthma and understands how to use the inhaler, since they have been self-administering the inhaler for some time. (In the past, nurses kept the inhalers in their office, but the law has changed since Governor Ryan signed SB979 into law amending the School Code to require a school to permit the student to self-administer.)

Doctor Signature and Date _____

Parent/Guardian Signature and Date _____

I. IMMUNIZATIONS

An immunization record is required for all day camp and overnight campers. Immunizations should meet current requirements for public school attendance in Illinois. The record may be completed by a physician or you may attach a current copy of your immunization record.

IMMUNIZATIONS	YEAR PRIMARY SERIES COMPLETED	YEAR OF LAST BOOSTER
Diphtheria		
DTP/DTaP		
Hepatitis B		
HIB (Haemophilus influenza b)		
Measles		
Oral polio		
Pertussis (Whooping Cough)		
Rubella		
TD (Adult tetanus-diphtheria toxoid)		
Tetanus		_____ (w/in last 10 yrs)
Tuberculin test	Year last given _____ Result _____	
COVID-19		
Other		

PHYSICIAN DOCUMENTATION

Physician documentation is required for overnight camps or trips of 3 nights or more. It is not required for day camps. Complete all sections as well as the immunization record on page 3. Required health exam must be completed by a licensed physician, nurse practitioner, physician's assistant, or registered nurse with 24 months prior to the start of the camp session.

J. HEALTH EXAMINATION

Patient's first and last name _____ Height _____ Weight _____ Blood Pressure _____

EYES – Without Glasses R 20/____ L 20/____ With Glasses R 20/____ L 20/____ EARS – Hearing R _____ Hearing L _____

ORGANS, ETC.	SATISFACTORY	NOT SATISFACTORY	NOT EXAMINED
Abdomen			
Color vision			
General physical and emotional status			
Genitalia			
Heart			
Hernia			
HGB *			
Lungs			
Musculoskeletal			
Nose			
Skin			
Teeth			

* Not required for every health examination. A Girl Scout in grades K-6 should have this test if they have not already had it, either when entering school or at any time since. A Girl Scout in grades 7-12 should have this test if they have not had it since entering puberty.

K. PHYSICIAN'S COMMENTS AND RECOMMENDATIONS

Note any restrictions, limitations, needed adaptations, and/or guidelines for care and treatment of health conditions. Give details or indicate management of significant illness.

L. LICENSED PHYSICIAN'S RELEASE

This person is in satisfactory condition and may engage in all prescribed activities, including strenuous activities such as hiking, swimming, climbing hills, and horseback riding (if applicable), except as noted.

Physician's signature _____ Date of physician's signature _____ Date of patient's last health examination _____

Physician's name (please print) _____ Facility/Office name _____ Phone (____) _____

Facility address _____ City _____ State _____ Zip _____

Department: Program	Approved by: COO Operational Services
To Be Reviewed: September	Last Reviewed: April 2009
Last Revised: April 2009	Revision Number: 1

Parent Questionnaire

Camper Name _____ Nickname, if any _____

Session Name & Date _____

Age _____ Birthday _____ # of years as Girl Scout _____ # years as Camper _____

of Sisters _____ # of Brothers _____ Pets _____

1. What responsibilities does your camper have at home? _____

2. What kind of eater is your camper typically? Hearty Moderate Light

3. What are your camper's favorite foods? _____

4. Is your camper prone to stomach problems? Yes No

Comments: _____

5. Has your camper ever been away from home without members of your family? Yes No

a. For how long? _____

6. What is their comfort level in the outdoors? _____

7. What is your camper looking forward to at camp? _____

8. What are your hopes/goals of their camp experience? _____

9. What worries/fears does your camper have about camp? _____

What worries/fears do you have? _____

10. How long do you anticipate it will take them to adjust to camp? _____

11. What situations at camp do you expect to be particularly challenging for your camper? _____

How have you encouraged them when things are challenging? _____

12. What behaviors does your camper typically show when stressed/uneasy? _____

What can your camper's counselors do to help them in those situations?

13. Is your camper likely to speak up if something is wrong or bothers them? _____

14. Does your camper have any special needs/ behaviors of which our camp staff should be aware? _____

15. Does your camper know anyone else attending camp? Who? _____

16. How easily does your camper usually make new friends? _____

17. What kind of sleeper is your camper typically? Heavy Moderate Light

Are they prone to sleeping problems? Yes No

Comments: _____

18. Is there anything else you would like the camp staff to know?

Camper Letter to Counselor

Dear Camp Counselor,

My name is _____ and my friends call me _____.

I am _____ years old and will be in the _____ grade next year. My favorite color is

_____ and my favorite food is _____. If I could be any animal I

would be _____. I decided to come to camp because _____

_____.

I am excited to do _____ at camp.

This will be my _____ summer at Girl Scout Camp.

The thing that worries me about camp is _____

_____.

You also need to know this about me; _____

_____.

Sincerely,

Tell us a little more about you!

	Disagree a lot	Disagree a little	Agree a little	Agree a lot	Not sure
I often tell people how I feel about things					
I feel comfortable trying new things.					
I think I will have fun making new friends at camp.					
I'm interested in becoming a first responder someday.					
I like to try things I've never done before.					