

3/17/2008

New Hampshire Conference, United Church of Christ, Outdoor Ministries

CAMPER'S NAME: _____

When you entrust your child to our care, we are sure you do it with one thing uppermost in your mind – that your son or daughter have the safest, happiest experience with us as possible. We have the same goal. We want you to think of us as your partner in maintaining your child's well-being. We can keep our end of the partnership *only if we have the information to prepare our medical staff or leadership team to ensure your child is well cared for and free to have the best summer of their life!*

There have been times when, because we didn't know about a particular child's needs, we could not respond to their behavior properly. The better prepared we are before camp, the better we can help *your* child be successful once they are here.

An increasing number of children are on medication for ADD/ADHD, depression or other psychological condition. Medications such as Concerta, Ritalin, Dexedrine, Adderall and Strattera allow a child to take advantage of all that a school environment has to offer. Camp is no different in this regard, but many prescribing physicians are not familiar with camp and may take a child off medication without knowing the full implications. If your child is on a psychotropic medication and you are planning to or have made a change in that medication up to six weeks before camp, please discuss it with us.

Remember, working together is the best chance we have of helping your child have a safe, happy, memorable time with us. Call if you would like to discuss anything in greater detail or if you would feel more comfortable talking rather than putting information on paper.

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Has your child been diagnosed with any type of behavioral, emotional, learning and/or physical disability? If so, please describe the disability and explain how it is best handled.

Does your child require a special aide or similar consideration at their school? If so, please explain the type of assistance your child obtains and whether accommodations for assistance would be required for our camp program activities.

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Is there anything in your child's life presently that might affect his/her experience participating in our camp programs, i.e. particular family situation, recent physical problem or illness, a fear of certain things or situations, etc? If so, please describe.

How does your child interact and become involved in group experiences?

Is there a time when your child's involvement with a group becomes stressful?

Does your child respond to environmental changes in a positive way?

Parent/Guardian Signature

Date

Parent/Guardian (Print Name)

Please return forms to the NH Conference Center with camper registration and a copy of the camper's health forms.