



# Getting to Know Your Camper

Please respond to the following so that we can make camp a fun and safe experience for your child. We look forward to having you join us for camp!

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

### About Your Athlete:

Athlete's likes: \_\_\_\_\_ Athlete's dislikes: \_\_\_\_\_

Please list anything that easily upsets your child (Ex. Sensitivity to loud noises, sensitivity to touch, etc.)

\_\_\_\_\_

Please list any behavior interventions you use at home that would be effective during summer camp:

\_\_\_\_\_

### Food and Drink Accommodations

Does your child have any food allergies or require any special accommodation for eating and/or drinking?

**Yes** Allergy Type: \_\_\_\_\_ Reaction by:  Ingestion  Contact  Inhalation

Allergy Reaction:  Severe  Moderate  Mild  Has Epi-Pen  Has Inhaler

*Nut allergy:* My child can have **non-nut** snacks that have been processed at a facility that contains nuts or may contain nuts  Yes  No

**No** allergies or special accommodations

Please list any allergies or special accommodations we should be aware of (Ex. Needs a straw for drinks):

\_\_\_\_\_

\_\_\_\_\_

### Bathroom Assistance

Does your child require any special bathroom assistance from Balance 180?  Yes  No

Please list any specific bathroom assistance your child needs (periodic reminders, help with dressing, etc.) and what level of assistance you would find acceptable from Balance 180 staff or volunteers:

\_\_\_\_\_

\_\_\_\_\_

### Medication and Skincare

Balance 180 **will not** be responsible for administering any medication with the exception of emergency supplies such as inhalers or epinephrine pens. If possible, please adjust your child's medication schedule accordingly. Only under unique circumstances with written permission will Balance 180 administer any type of medication. If your child requires a certain type of sunscreen or bug spray for outdoor activities, please provide it or apply it before dropping off your child for camp. Spray rather than lotion sunscreen is best.

Please list any special needs your child has regarding medication or skincare (allergies, special sunscreen/bug spray, etc.). \_\_\_\_\_

Please provide any other information that will help us build a relationship and work with your child:

\_\_\_\_\_

\_\_\_\_\_