

# Nature's Classroom

## HOME AND HEALTH INFORMATION QUESTIONNAIRE

Child's Name: \_\_\_\_\_ Date of Session: \_\_\_\_\_

*The questions below are provided to give you a framework within which to provide that needed information to us. Please feel free to add whatever information you think will be helpful – attach additional sheets if necessary. We will share this information with your child's classroom teachers prior to his/her arrival at camp. Thank you for your cooperation.*

1. Is this your child's first prolonged stay away from home? \_\_\_\_\_

2. Is this your child's first sleep away experience? \_\_\_\_\_

3. Has your child ever had a problem with homesickness? If yes, please explain briefly. \_\_\_\_\_

4. Does your child have a bed wetting problem? \_\_\_\_\_

5. Date of last tetanus booster shot (not a tetanus shot given after an injury). \_\_\_\_\_

6. Are there any restrictions on your child's activities? Please include any special health concerns, e.g., special diet, recent hospitalizations, fractured bones, etc.

7. List any allergies, e.g., food, environmental, medication, and explain degrees of severity and current treatment.

8. Does your child have any sensory, physical or cognitive disabilities?  Yes  No If yes, explain.

9. Has anything happened recently in your child's life that may affect him/her emotionally or physically while at camp? If yes, please explain.

10. Additional information: