

Please help your child to have the best possible experience at Outdoor Education by giving us the following information:

Student name _____

Is your child apprehensive about going to camp? _____

What are his/her concerns?

Does your child wet the bed?

_____ never

_____ sometimes

_____ often

Does your child sleep-walk?

_____ never

_____ sometimes

_____ often

What else do we need to know about your child at camp?

What medication does your child take regularly? (eg: ritalin, insulin, etc.)