



## **Camp Fantastic 2023 Application Packet**

### **Checklist, Instructions, Application, and General Information**

**CF2023 is Sunday, August 13<sup>th</sup> to Saturday, August 19<sup>th</sup>, 2023.**

Please read all of this material **thoroughly**. If you have any questions, please call toll free at 888-930-2707.

#### **Checklist of Enclosed Forms**

1. Camp Fantastic 2023 Application and Health Insurance Information (***to be completed by parent and/or legal guardian – include copy of current immunization record***)
2. Camper Information Sheet (***to be completed by camper***)
3. Scholarship Application (*if needed*)
4. Special Love Attendance Permission/Release Form
5. Code of Conduct
6. Medical Consent and Participation Form
7. Psychosocial Assessment Form

**All of the above forms must be completed in full and emailed, along with a photo showing your child's face** (4x6, school photo, Polaroid, etc.), **as soon as possible to [dsmith@speciallove.org](mailto:dsmith@speciallove.org).**

If you'd prefer, you may also print, sign, and mail your application forms and photo to:

**Camp Fantastic (Attn: Dave Smith)**  
**158 Front Royal Pike, Suite 311**  
**Winchester, VA 22602**

**Or fax materials to 540-667-8144.**

**Deadline for Camp Application is July 1, 2023.** Applications received after that date will be reviewed on a case-by-case basis and as space allows.

#### ***Relationship of Camp Fantastic to the National Institutes of Health (NIH):***

To better protect the health and care of your child while at camp, Camp Fantastic has a special arrangement with the National Institutes of Health (NIH) to set up a working medical unit at the camp site. Because of this affiliation, and to assure the health and safety of your child, it will be necessary for him/her to receive a camp screening (informal interview) with the Medical Coordinator (Camp Nurse) prior to camp.

This screening will involve no medical testing or physical examination and is at no cost to you. **Because it is such a vital part of our preparations for camp, any child who does not complete a screening will not be eligible to attend.**

The medical staff of NIH includes Jack Shern, M.D., Camp Physician and Tammy Jenkins, R.N., Medical Coordinator/Camp Nurse representing the National Cancer Institute, NIH. Their staff will provide expert medical care during the week of camp. Campers will be considered participants in a "protocol" of NIH that examines the psychological benefits of a camping experience for children with cancer. **(This protocol will not include any medical testing and is simply a means by which expert medical supervision and care can be provided to Camp Fantastic within the framework of NIH.)**

Please call Tammy Jenkins if you have any questions or concerns regarding the **medical care** of your child at camp (phone: 240-760-6550, cell: 240-461-7952, or e-mail: [tjenkins@mail.nih.gov](mailto:tjenkins@mail.nih.gov)). **For other questions about camp**, call Dave Smith at 888-930-2707 or e-mail him at [dsmith@speciallove.org](mailto:dsmith@speciallove.org).

## ***K \ Uh\ UddYbg'Uzhf'nci 'gi Va Jhnci f'5 dd'JWUjcb': cfa g.***

1. Special Love will send a follow-up letter and a request for medical information **directly** to your child's physician. **It is important that you complete the section on the front page of the application regarding your child's physician correctly, with complete address, phone, and fax number** (\*\*If your child has multiple physicians, please put contact information for the physician you think has the best overall understanding of your child's cancer and general health\*\*). After your physician has completed this form, it will be sent directly back to Special Love. We hope to complete this process by July 14th.

2. Once we receive your child's application, you will be notified of the pre-camp screening schedule and your options for your child.

Because NIH requires witnessed parental signatures on camp forms, **Uparent or 'Yf U' i UFXJub'k \ c \ Ug' H YU H cfJhnc' g]] b'a YXJWU' VtbgYbhZ'fa g Z'f'nci f'W ]X must be 'dfYgYbh**during the screening, and the screening must be completed **before** he/she can be accepted to Camp Fantastic.

**All other relevant NIH forms** will be completed at this screening, including an Authorization for Release of Medical Information NIH form.

3. **In July**, applications will be reviewed by our Camp Committee and we will send out acceptance letters with information concerning bus schedules (all campers come to Camp Fantastic on a bus provided by Camp Fantastic, even if it's just from Front Royal, which is on 5 miles from camp), the location of bus pick-ups, what to bring (clothes, etc.), and other helpful information. See the list of transportation areas below.

4. **In August**, we'll send a **Final Health Update Form for Parents/Legal Guardians**. This form should be completed by parents/primary caregivers and **must be brought with the child to the bus** (along with any changes to medications your child may be taking). Last-minute questions or changes to your child's health should be reported immediately to **Tammy Jenkins at 240-760-6550 (work) or 240-461-7952 (work cell)**.

### **Other Important Information:**

#### **Promotional Materials/Release Forms (Form 4)**

Special Love's promotes its programs on our social media platforms and in promotional materials provided to individuals who wish to volunteer time, money, and materials to programs. During camp, we often take many pictures of camp activities in which your child may be included. Please complete the enclosed permission form for use of their photo. Be assured your child will not be included without your permission, and photos in no way disrupt the daily activities of camp.

#### **Transportation**

Camp Fantastic will arrange round-trip transportation to the Northern VA 4-H Educational Center in Front Royal from Baltimore and Bethesda, MD and from Norfolk, Staunton, Richmond, and Fredericksburg, VA. Information regarding transportation will be forwarded later. We ask that parents not bring their children to camp or visit during the week as it has been proven that children adapt better to a camping situation (and experience less homesickness) if they travel by bus with other campers.

#### **Pre-camp experience**

First-time camp jitters? Your family can enjoy a pre-camp experience and meet our staff at **Summer Family Day on Sunday, June 18th, at Smokey Glen Farm BBQ** in Gaithersburg, MD. We'll have crafts, sports, mini-golf, zip lines, great food, and more! We'll email an invitation, but call us at 888-930-2707 if you don't receive a flyer by May 1, 2023. You may also visit [speciallove.org/events](https://speciallove.org/events) to register online!

# Form 1 – CAMP FANTASTIC 2023 APPLICATION

Office Use Only  
Date Received:  
Application Number:  
2023 -

To be completed by parent or legal guardian: (Please **print or type**)

Camper's Name: \_\_\_\_\_  
(First) (MI) (Last)

Date of Birth (Mo/Day/Yr) Age at Camp Height Weight Gender  
(Ft/Inches) (Pounds)

Street Address (Primary Residence) Apt No.

City State Zip Home Phone (Area Code)

Child's Ethnicity:  Hispanic or Latino;  Not Hispanic or Latino;  Unknown  
Child's Race:  White;  Black/African American;  Asian;  American Indian/Alaska Native;  
 Hawaiian/Pacific Islander;  Multiple Races;  Unknown

Please check Camp Bus Pickup Location:  Norfolk  Front Royal  Baltimore  
 Bethesda, MD  Richmond  Fredericksburg  Staunton

**CONTACT INFORMATION** (Please include Area Codes for all phone numbers)

**Parent #1/Legal Guardian:** Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Daytime/Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent #2/Legal Guardian:** Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Daytime/Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact** (*If parent(s)/guardian(s) cannot be reached*): Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Daytime/Work: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Other illnesses or problems: \_\_\_\_\_

Treatment Hospital/Clinic: \_\_\_\_\_

Has your child completed all **cancer-specific** therapy (i.e. is your child "off-treatment")? YES \_\_\_\_\_ NO \_\_\_\_\_  
Date of last **cancer-specific** treatment: \_\_\_\_\_

**Without the below information your application cannot be considered for camp. Please list the physician a cgiclosely involved in your child's current healthcare (usually your child's oncologist).**

**Important Information – Please give us the correct physician information:**

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Area Code)

**Physician Address:** \_\_\_\_\_  
(Street) (City/State/Zip)

**Physician FAX #:** \_\_\_\_\_

Camper's Name: \_\_\_\_\_

(Please Print)

**Health-Related Questions:**

I. Does your child have: (Check all that apply)  
Hearing aid(s)\_\_\_\_; Artificial Limb\_\_\_\_; Glasses\_\_\_\_; Contacts\_\_\_\_; Hickman/Broviac\_\_\_\_  
Portacath\_\_\_\_; PICC\_\_\_\_; VP Shunt\_\_\_\_; Ommaya Reservoir\_\_\_\_; Other\_\_\_\_\_

II. Has your child received the **immunization/vaccination** for:  
1. Measles/Mumps/Rubella (MMR) YES \_\_\_ NO \_\_\_      5. COVID-19  
2. DPT/OPV (IPV) YES \_\_\_ NO \_\_\_      ➤ Vaccine #1 YES \_\_\_ NO \_\_\_  
3. Tetanus Booster YES \_\_\_ NO \_\_\_      ➤ Vaccine #2 YES \_\_\_ NO \_\_\_  
4. Varicella/Chicken Pox YES \_\_\_ NO \_\_\_      ➤ Boosters YES \_\_\_ NO \_\_\_ #\_\_\_

**(NOTE: Please include a copy of your child's most current immunization record with this application – we must have a current copy of this record for your child to attend camp)**

III. 1. Has your child had chicken pox disease or shingles? YES \_\_\_ NO \_\_\_ DATE \_\_\_\_\_ Titers \_\_\_\_\_  
2. Does your child have a problem with bed wetting? YES \_\_\_ NO \_\_\_  
3. Does your child have a problem with sleep walking? YES \_\_\_ NO \_\_\_  
4. Has your child had head lice? YES \_\_\_ NO \_\_\_ When? \_\_\_\_\_  
5. Is this your child's first time away from home without you? YES \_\_\_ NO \_\_\_  
6. **ALLERGIES (Please attach additional page, including camper's name, if you need more space)**  
a. Does he/she have any ALLERGIES TO MEDICATIONS? YES \_\_\_ NO \_\_\_ *If yes, please list medication allergies & describe symptoms for each allergy* \_\_\_\_\_  
b. Does he/she have SEASONAL OR ENVIRONMENTAL ALLERGIES? YES \_\_\_ NO \_\_\_ *If yes, please list & describe symptoms* \_\_\_\_\_  
c. Does he/she have any ALLERGIES TO FOOD OR ANY OTHER ALLERGIES? YES \_\_\_ NO \_\_\_ *If yes, please list food allergies or other allergies & describe symptoms* \_\_\_\_\_  
7. Does your child have any behavioral/psychological/emotional problems or diagnoses? YES \_\_\_ NO \_\_\_ *If yes, please describe (use Form 7 to elaborate)* \_\_\_\_\_  
8. Does your child have any limitations to activities? YES \_\_\_ NO \_\_\_ *If yes, please describe:* \_\_\_\_\_  
9. Does your child have any special diet restrictions/needs? YES \_\_\_ NO \_\_\_ *If yes, please describe:* \_\_\_\_\_

**Health Insurance Information**

**MUST BE PROVIDED - In the absence of this information, families will be responsible for cost of emergency care.**

Insurance Carrier: \_\_\_\_\_

Name of Insurance Holder: \_\_\_\_\_

Group No.: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Address and Phone of Carrier: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Phone (Area Code)

Child Does Not Have Insurance

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## Form 2 – CAMPER INFORMATION SHEET

*Instructions:* To be completed by Camper. Where applicable, circle your answers.

FIRST & LAST Name (Printed): \_\_\_\_\_

Is this your first time at Camp Fantastic?    YES    NO

If not, how many years have you been a camper? \_\_\_\_\_

Is this your first time away from home?    YES    NO

What is your t-shirt size? (Special Love will be giving each camper a camp shirt—please give us correct size)

Child:            Small(8)\_\_\_\_    Medium(10)\_\_\_\_            Large(12)\_\_\_\_

Adult:            Small\_\_\_\_            Medium\_\_\_\_            Large\_\_\_\_            Extra Large\_\_\_\_            XX Large\_\_\_\_

Do you have a nickname?    YES    NO    If yes, what is your nickname? \_\_\_\_\_

How old are you? \_\_\_\_\_    What grade are you in? \_\_\_\_\_

What are your favorite subjects? \_\_\_\_\_

Do you have any hobbies? If so, what are they?

What are your favorite sports? \_\_\_\_\_

Do you like crafts?    YES    NO

What are your favorites?

Do you know how to swim?    YES    NO

Have you ever canoed?    YES    NO

Do you like to read?    YES    NO            What is your favorite book? \_\_\_\_\_

Have you ever gone Horseback Riding? \_\_\_\_\_

Do you play checkers?    YES    NO    Scrabble?    YES    NO    Cards?    YES    NO    Chess?    YES    NO

A Musical Instrument? \_\_\_\_\_

What do you want to do most at Camp?

**This page intentionally left blank. For best results when printing 2-sided, please adjust your Printer Settings to print pages 3-13.  
Thanks!**

### Form 3 – SPECIAL LOVE/CAMP FANTASTIC SCHOLARSHIP REQUEST FORM

Scholarships for the \$25.00 registration fee are readily available from Special Love, Inc. in cases of financial need. If you desire this scholarship, please complete this form and return it to Special Love with your Camp Fantastic application. Thank you.

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number:

Home: \_\_\_\_\_  
Area Code

Office: \_\_\_\_\_  
Area Code

I am requesting a scholarship for the \$25.00 registration fee for Camp Fantastic 2023

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

# Form 4 – SPECIAL LOVE PARENTAL CONSENT AND RELEASE FORM

## Consent to Participate and Release from Liability

- Consent:** I agree that my child \_\_\_\_\_ may fully participate in Special Love's Camp Fantastic activities at the Summer 2023 camp except as noted on his/her medical forms.
- Transportation Consent:** I further consent to the transportation to, from, and while at the Summer 2023 camp, including, but not limited to, transportation within the Northern Virginia 4-H Educational Center and during authorized off-campus trips such as farm day and the golf outing. I acknowledge that Special Love, Inc. shall arrange for transportation to and from the Northern Virginia 4-H Educational Center located in Front Royal, VA. from designated departure areas in or near the NIH campus in Bethesda, MD, and in the cities of Norfolk, Richmond, Fredericksburg, Upperville, and Front Royal, VA, and for authorized outings during camp, by a privately owned and operated bus(es), vans, and other suitable vehicle(s).
- Release from Liability:** I expressly waive all claims or causes of action against Special Love, Inc., its staff, officers, directors, trustees, volunteers, and their legal heirs and assigns on account of any injury and/or illness that may result from the negligence of Special Love, Inc. or any person named above. This consent does not release Special Love, Inc. from liability for intentional or reckless acts of Special Love, Inc. or any person named above.
- Indemnification:** I agree to indemnify and hold harmless Special Love, Inc. and its staff, officers, directors, trustees, volunteers, and their legal heirs and assigns from any loss or liability arising from my acts or omissions or those of my child in connection with my child's attendance at Camp Fantastic.
- Media Coverage:** I acknowledge that reporters, photographers, and other members of the media may attend Camp Fantastic in order to increase the awareness about Special Love, Inc. and its programs including Camp Fantastic and about children with cancer. I grant permission for my child to be interviewed, photographed, and filmed by any member of the media at Camp Fantastic. I understand that Special Love, Inc. is not responsible for the content of the media coverage and that my child will not be paid for any media work.
- Promotional Materials:** I grant permission for my child to be included in photos and video used both on social media and in promotional materials, to be used to publicize Special Love, Inc. and its programs, including Camp Fantastic, as well as the National Cancer Institute.
- Emergency Contact:** I agree that if no parent or guardian is available at our place of residence during the camp session, we will advise the camp administration where we may be contacted in case of an emergency.
- Pen Pal List:** Special Love will provide Camp Fantastic campers and staff with a Pen Pal list at the completion of the 2023 session. Please initial here \_\_\_\_\_ if you **DO NOT** want your child to be listed.

Signed: \_\_\_\_\_  
(Parent or Guardian)

Camper's Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship (if other than parent): \_\_\_\_\_

Date: \_\_\_\_\_



**Camper's Name:** \_\_\_\_\_

(Please Print)

## **Form 5 - CODE OF CONDUCT FOR CAMP FANTASTIC**

In a continuing effort to offer campers the best events possible with the most memorable outcomes, we feel several rules of camper behavior should be understood and agreed to by the camper and the parent/guardian before attending any Special Love event. Please note that while we don't expect problems, this code of conduct is simply a way to provide a safeguard for both you and us.

Please discuss with your child the following rules and the importance of adhering to them during their time as a camper at this Special Love program. Campers and parents/guardians must sign this form in order to participate.

### **Code of Conduct**

1. Each camper is to attend and be actively involved in all parts of the planned program including attending all scheduled functions. Curfew is to be followed as specified in the schedule for the week. Failure to be in assigned locations may lead to dismissal from camp. Some areas are off-limits to campers (e.g., swimming pool, lake, challenge course) unless under appropriate instructor supervision.
2. Campers should remain at Camp Fantastic until the Camp is scheduled to end. Campers may not leave Camp without prior permission from Camp Director, or other Assistant Camp Directors. Campers may only be picked up from Camp Fantastic by the person designated on the Health Form. Identification may be requested at the time of pick-up. Prior notice is required for special pick-up from Camp Fantastic.
3. Campers are expected to follow the directions of Special Love volunteers and paid staff. All campers are under the supervision of the Camp Director, Assistant Camp Directors (2).
4. Campers should respect the property of others and be responsible for themselves. Deliberate destruction or removal of facilities or equipment is not permitted. Financial responsibility for any damages caused by deliberate destruction will be assumed by the camper and/or parents/guardians. The same applies to the property and personal items of other campers. Theft is expressly forbidden at Special Love programs. Unless invited, campers are not allowed in rooms other than the one you've been assigned to.
5. Campers should treat all others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others (e.g., fighting, threats, insults, cursing, and discrimination) will not be tolerated.
6. Inappropriate displays of affection (e.g., kissing, cuddling, or other sexual innuendo) are not acceptable behavior while at Camp Fantastic.
7. Campers should respect the privacy of others. Girls are not permitted in boys' lodging rooms nor are boys permitted in girls' lodging rooms.
8. Possession, distribution, or use of fireworks, weapons, knives, or other items that can be used as a weapon are not permitted at Camp Fantastic, except under adult supervision in scheduled instructional activities (e.g. shooting education class supervised by a certified instructor).
9. Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, or unauthorized prescription drugs are not allowed at any Special Love sponsored program and must be reported to law enforcement. Special Love, Inc. reserves the right to conduct a search of a camper's outer clothing, luggage, personal belongings, lodging rooms, and furniture being used by a camper if there is "reasonable suspicion" that the camper has drugs, alcohol, tobacco, or weapons.
10. Animals and pets are not allowed at Special Love programs unless needed to accommodate a disability or as part of an organized program, or through specific authorization from the Special Love office. Animals that are used as part of a Special Love event should always be provided with proper care.

**Form 5 Cont.**

**Camper's Name:** \_\_\_\_\_  
(Please Print )

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11. Electronic and mechanical devices (e.g. cellular phones, pagers, walkie-talkies, video games, radios, CD players, TVs, or laptop computers) are not allowed at Special Love programs unless they are needed as part of an organized Special Love program, or with authorization from the Special Love office. Without authorization, these items will be confiscated and returned to the camper (or the camper's parents/guardians) at the end of the program.

**Consequences**

Unacceptable behavior during Camp Fantastic (as defined within this Code of Conduct or through a review process by a conference of adult leaders and program staff) will result in consequences to the camper. Consequences may include:

1. a warning and probationary period;
2. early release from Camp Fantastic program without refund;
3. restitution or repayment of damages;
4. denial of future participation in any Special Love programs for one or more years - as determined by the Executive Director, Camp Director, and/or Assistant Camp Director(s);
5. forfeiture of financial support for a Special Love program;
6. releasing the youth to the appropriate law enforcement agency and/or the proper authorities.

*NOTE: Any conduct not specifically covered by this Code of Conduct but deemed inappropriate by those responsible for the Special Love program will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the person in charge of the Special Love program will provide appropriate communication to parents/guardians.*

**Signature(s)** (Camper and parent/guardian signatures are required for campers under 18.)

I have read and understand the above "Code of Conduct" and will abide by the expectations described in the Code of Conduct. I understand that if I act inappropriately, I will have to accept responsibility for my actions that may result in the consequences listed above.

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Please Print Name Here

\_\_\_\_\_  
Date

I have discussed and reviewed this Code of Conduct with my child. I understand that failure to abide by this Code of Conduct may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the Special Love program to pick up my child at the request of the adult in charge of the Special Love program. I further understand that if I refuse to pick up my child, am unavailable, or fail to make timely arrangements to retrieve my child, Special Love program staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.

\_\_\_\_\_  
Parent/Guardian's Signature (for participant under 18 years old)

\_\_\_\_\_  
Date

Camper's Name: \_\_\_\_\_

(Please Print)

## Form 6 – MEDICAL CONSENT FORM

As part of the research study entitled Psychological Benefits of a "Normalized" Camping Experience for Children with Cancer, in which my child is participating, I hereby consent for my child to attend Camp Fantastic from August 13-19, 2023 subject to his or her completing and meeting the pre-camp screening requirements, and I agree to adhere to the rules and guidelines established by the camp. I understand the nature of the study as described in the Instruction Sheet from Special Love, Inc.

In addition, I understand and agree to the following:

1. The U.S. Government/NIH is not responsible for any claims or injuries which may occur on camp property or arising from any camp activity (such as hiking), whether or not occurring on camp property. I understand that the camp carries full liability insurance to cover such contingencies.
2. I consent to my child participating in the normal and usual activities of the camp (such as hiking, swimming, boating, crafts), which are not medically inadvisable and which are otherwise suitable for my child, in light of his or her age and liabilities, and given the nature and severity of his or her illness.
3. I consent to the administration of oral therapies and appropriate medical care as necessary, by qualified NIH medical personnel. I understand that in the event of an emergency, or the need to administer intensive care, arrangements will be made to promptly transport my child to a local hospital or the NIH Clinical Center (as may be in my child's best interest), by whatever reasonable means are available.

Note: For the safety and well-being of all campers, a complete and signed Final Health Update Form for Parents/Guardians is required for participation in Special Love's Camp Fantastic. This form will be mailed to you 2 weeks prior to camp and should be completed by a parent/legal guardian as close to camp as possible. This form, along with all medications the child might need at camp, must be turned in at the bus to Camp Fantastic.

**Medication Policy:** All medications submitted at the bus registration **MUST** be in the **ORIGINAL CONTAINER WITH THE CAMPER'S NAME PRINTED ON THE BOTTLE**. (This includes over-the-counter medications.) Other bottles, bottles printed with someone else's name, pill boxes or any other type of container besides the original, **will not be accepted**. Actual dosage listed on the bottle **must** be followed unless there is a written note from the prescribing doctor outlining different indications. There can be no exceptions to this policy. If you have any questions, please contact Tammy Jenkins (office: 240-760-6550; cell: 240-461-7952; email: [tjenkins@mail.nih.gov](mailto:tjenkins@mail.nih.gov)) before camp starts.

4. Although I remain free to withdraw my child from the camp at any time, I understand that, in order for my child to derive full benefit from the experience, it is expected that he or she will be permitted to complete the camping experience without parental intervention.

I have read the explanation and conditions given above, agree to them, and hereby give permission for my child to attend Camp Fantastic.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Print Parent/Guardian Name: \_\_\_\_\_

Relationship (if other than parent): \_\_\_\_\_

Camper's Name: \_\_\_\_\_

(Please Print)

**Form 7 – PSYCHOSOCIAL/BEHAVIOR-RELATED QUESTIONS**

**\*This will help your child's counselor(s) to provide the best possible care.**

1. Has your child ever been to sleep-away camp before?    Yes    No
2. How does your child feel about going to camp?  
Resistant    Nervous    Okay    Excited    Can't Wait!
3. Does your child get homesick or have separation issues when away from home?    Yes    No  
a. If yes, please explain: \_\_\_\_\_
4. Does your child interact well with kids his/her age at school?    Yes    No
  - a. In groups?    Yes    No
  - b. One-on-one?    Yes    No
  - c. Comments \_\_\_\_\_
5. Does your child function well at his/her age level?    Yes    No  
a. If no, please explain:
6. Does your child have any behavioral challenges:    Yes    No
  - a. If yes, please explain
    - i. How are these behaviors handled at home? \_\_\_\_\_
    - ii. How are these behaviors handled at school? \_\_\_\_\_
7. Is your child currently having any behavioral or emotional difficulties?    Yes    No  
a. If yes, please explain:
8. Has your child experienced any other stressful life events in the past year? (death of family member, friend or pet, divorce, marriage, deployment)     Yes     No  
a. If yes, please explain: \_\_\_\_\_
9. Does your child need assistance or supervision with the following ADL's?  
Brushing Teeth    Combing Hair    Dressing    Showering  
Toileting/bathroom Other: \_\_\_\_\_
10. Does your child have any of the following nighttime habits/challenges?:  
Fear of Dark    Nightmares    Night terrors    Difficulty walking  
Talks in Sleep    Sleep Walking    Snoring    Bed Wetting  
Difficulty Falling Asleep    Other: \_\_\_\_\_

**Form 7 Cont.**

**Camper's Name:** \_\_\_\_\_  
(Please Print)

11. Please describe your child's eating habits:

- Eats everything     Eats snacks several times/day     Tends to skip a meal each day  
 Needs to be encouraged to eat     Picky eater

Other \_\_\_\_\_

12. Who is in your immediate family (lives with child)?

\_\_\_\_\_

13. What is the family status?

- Married     Divorced     Separated     Single Parent (Mother / Father)

Other: \_\_\_\_\_

14. Are there any custody issues we should know about?     Yes     No

a. If yes, who has custody?

- Mother     Father     Joint     Grandparent(s)     Guardian(s)

Other: \_\_\_\_\_

15. Is there anything else you would like your child's counselor to know about your child, such as meal/bedtime rituals?  Yes     No

a. If yes, please explain:

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Print Parent/Guardian Name: \_\_\_\_\_

Relationship (if other than parent): \_\_\_\_\_