

Camp Shriver Alaska – Parent Questionnaire

Participant's full name: _____

Please list all allergies:

Please list all medications and their side effects that you feel we need to be aware of:

Will the participant need any medication during camp hours? Yes No

If yes, please describe your plan for a parent or care taker to bring **and** administer the medication.

Please list any strengths or weaknesses that would pertain to the participants experience at Camp Shriver:
(being competitive, athletic, timid, needs physical assistance...)

Please list any behaviors, fears, barriers or mannerisms that are particular to the participant that would be valuable for us to know about:

Is there any other information that you would like us to know to ensure that this participant has an optimal experience at Camp Shriver this summer?

Thank you! We look forward to getting to know your camper!