

# Camp Kaskitowa Camper Health Form

Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_  
Last                      First                      MI

Parent/Guardian: \_\_\_\_\_ Phone: \_(\_\_\_\_\_)\_\_\_\_\_  
Last                      First                      MI

Home Address: \_\_\_\_\_  
Number & Street    City    State    Zip

If not available, in case of emergency contact:

1. Name: \_\_\_\_\_ Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Home Address: \_\_\_\_\_  
Number & Street    City    State    Zip

or 2. Name: \_\_\_\_\_ Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Home Address: \_\_\_\_\_  
Number & Street    City    State    Zip

**IMMUNIZATION HISTORY (Give dates of each immunization)**

**Required immunization must be determined locally. This is a record of basic immunizations.**

DTP Series _____	booster _____	Tetanus Booster _____
Polio OPV (Sabin) _____	booster _____	Tuberculin Test _____
German Measles (Rubella) _____	Measles vaccine (live) _____	Mumps Vaccine (live) _____

**HEALTH HISTORY (Give approximate dates of any history)**

Ear Infections _____	Chicken Pox _____	Known Allergies: _____
Rheumatic Fever _____	Measles _____	_____
Convulsions _____	German Measles _____	_____
Diabetes _____	Mumps _____	_____
Behavioral _____	Asthma _____	_____

Operations or Serious Injuries (and dates): \_\_\_\_\_

Chronic or recurring illness, physical limitations, special needs: \_\_\_\_\_

Current infectious diseases: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_  
 restricted? \_\_\_\_\_

**IMPORTANT:** *Please notify the camp if the camper is exposed to any communicable disease during the three weeks prior to camp attendance.*

**Recommendations and restrictions while at camp:**

Special Diet: \_\_\_\_\_ Swimming/Diving: \_\_\_\_\_

Strenuous activity \_\_\_\_\_ Special health or behavior needs: \_\_\_\_\_

**Insurance Information:** Company Name: \_\_\_\_\_ Subscriber \_\_\_\_\_

Group/Policy # \_\_\_\_\_ Service Code \_\_\_\_\_ S.S. # \_\_\_\_\_

**(Please read and sign the back of this form)**

# **Camp Kaskitowa Camper Health Form**

## **Parent's Authorization**

I give permission to Camp Kaskitowa to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care for the minor child named above while attending camp.

Further, my child has permission to engage in all prescribed camp activities, except any that I have noted in writing below on this page.

Parent/Guardian Signature: \_\_\_\_\_

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

Additional Comments or Information:



## Confidential Questionnaire

Dear Parent or Guardian,

Thank you for registering your child for camp. In a few weeks, your child will be living with a small group of children, a Senior Counselor and a Junior Counselor. Your child will have opportunities to develop physically, mentally, socially and spiritually. We want to encourage that growth in whatever ways we can. By filling out the questionnaire below, you will help the counselors to better relate to your child. Please return this with the health form and balance of your camper fee.

Thank You!

Name of Camper \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Has your child been to a camp before? \_\_\_\_\_ Where? \_\_\_\_\_

When? \_\_\_\_\_

If not, has your child been away from home alone for more than two days? \_\_\_\_\_

Who lives at home? Father \_\_\_\_\_ Occupation \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Brothers \_\_\_\_\_ Number Older \_\_\_\_\_ Number Younger \_\_\_\_\_

Sisters \_\_\_\_\_ Number Older \_\_\_\_\_ Number Younger \_\_\_\_\_

What responsibilities does your child have at home \_\_\_\_\_

What personality traits would describe your child? (shy, cheerful, strong willed, sensitive, calm, easy going, alert, aggressive, etc.)

What are your child's greatest interests? \_\_\_\_\_

What do you want your child to get out of camp?

Physically \_\_\_\_\_

Socially \_\_\_\_\_

Spiritually \_\_\_\_\_

Please share any special facts we should know in order to better understand and help your child. (Use the back if necessary.)

Parent or Guardian Signature: \_\_\_\_\_



## Friend Form

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

Camp Program: \_\_\_\_\_

Dates Attending: \_\_\_\_\_

If your son is attending camp with a friend and would like to be in the same cabin, please indicate so by writing the name(s) of the friend(s) that you are requesting he be with:

Requested Cabin-Mate(s):

\_\_\_\_\_  
\_\_\_\_\_

If your son invited a friend for the first time, or was invited to camp for the first time by a friend, please indicate so below.

I invited / was invited by (please circle one):

\_\_\_\_\_

***Please email this information to [director@campk.net](mailto:director@campk.net)***  
*(Include "Friend Request" in the subject line)*

*Or*

*Mail this form at least 2 weeks before your arrival at camp!*



## Packing List

### What to bring to camp

- A set of clothes for each day of camp
- At least 1 set of old or dingy clothes for getting dirty (clothes you won't mind throwing away)
- An extra pair of shoes
- A dirty clothes bag (trash bags work great!)
- Swimsuit
- Raincoat or durable poncho
- Towel, washcloth, soap, shampoo and toiletries
- Flashlight
- Sleeping bag and pillow
- Bible and pen
- Money for the Camp Store
- Medication (see health form)
- Water shoes (optional)

### What not to bring

- Cell phone
- CD player
- Video Games
- Other electronic devices
- Matches / Lighters
- Large Knives

**Don't forget to bring the balance of your camper fee and necessary forms!**



(269) 4 CAMPK 1

Dear Parent,

Thank you for registering your son to attend camp this summer. This letter is intended to provide some information about camp as well as information regarding some forms that we will need you to complete in order for your son to attend camp. Please take some time to look over the information and fill out the following forms:

**Health form** – Contains pertinent health information for the camper. This form is required in order for your son to attend camp.

**Confidential Parent Questionnaire** – This contains information that will only be seen by the the senior cabin counselor, and will be helpful in determining your son's specific needs.

**Friend Form** – If your son would like to be in a cabin with a friend, please email the information listed on the form to [director@campk.net](mailto:director@campk.net) or fill out the form and return it at least 2 weeks before arriving at camp. Also include whether your son has invited a friend for the first time or if your son was invited by a friend.

**Packing List** - In order to help you prepare for camp, we have put together a list of items that may be helpful while packing. There is also a list of items not to bring to camp. Please take a careful look at these lists and pack accordingly.

Please do not forget to bring the balance of your payment with you when you bring your son to camp. Do not forget to include money for paintball if your son plans on participating. Campers must be 10 years old to participate in paintball unless accompanied by a parent during father/child camps.

Camper check-in is from 3:30 – 5:00 on the day that camp starts. Check-out is at 10:00 on the day camp ends. Please make note of these times to ensure a smooth check-in and check-out process.

If you have any questions, please feel free to contact us. We look forward to having your son attend Camp Kaskitowa this summer!

(262) 4 CAMPK 1