



MAR-LU-RIDGE

3200 Mar-Lu-Ridge Rd. | Jefferson, Maryland 21755 | 800.238.9974

An American Camp Association Accredited Camp



CAMPER INFORMATION/PERMISSION CONFIDENTIAL

To Be Completed by Parent or Guardian

This form must be returned three weeks prior to camper's arrival!!!

One form per camper is required – whether the camper is new or returning to Mar-Lu-Ridge.

The purpose of this form is to help us meet the individual needs of each camper enrolled in our program. Some parents hesitate to provide camps with personal information about their child's behavior or past experience. Some fear the information may be misused, while others are concerned about their child being labeled, singled out or treated differently. All want to see their child have a strong, fresh start at camp, unencumbered by past problems. Our commitment is never to misuse the information provided or to release it to unauthorized persons.

As seasoned camp directors, we appreciate these concerns. We also know how invaluable such information can be in assisting us to help your child make as smooth and happy adjustment to camp as possible—something we know all parents want, too!

Having prior knowledge about a learning difficulty, ADHD, a bed-wetting problem or a recent loss or major change in the family or child's life makes a tremendous difference in helping us be sensitive to your child's need for patience, understanding and reassurance—especially in the first few days of camp!

This is especially true for children who have an attention problem or who are nervous about new situations. Many parents fear that a camp will not accept their child if they are completely forthcoming about these situations, yet children need us to be partners with you in planning for a safe and successful camp experience.

Furthermore, children often use their behavior rather than their words to tell us something is bothering them. Having advance knowledge of areas that might be difficult for your child helps us understand the message in his or her actions. The better we understand your child, the more we can assure you of a better camp experience for him or her.

Our commitment is to use such information ONLY to help your child adjust to camp. It will never be used at camp unless necessary, and then only with the greatest discretion and your prior knowledge.

If you have any special concerns about this information or about your child, please feel free to call us: 1-800-238-9974! Remember, when faced with challenges, we can help your child have great success if you help us. We encourage you to make us a full partner in planning for your child's summer.

Used by permission from A Special Note Regarding Personal Information About Your Child by Robert B. Ditter, M. Ed.

Camper Name _____ Age _____

Nickname _____ Date of Birth _____ Grade in Fall _____

HOME: Please give the names and ages of brothers and sisters.

Does your child live with: Mother Father Both Parents Other

Are parents separated or divorced? _____

Is there any serious illness in the family? _____

Has there been a recent death in the family? _____

Is there anyone who is NOT allowed to pick up this child at the end of camp? _____

If yes, please list the name and relationship to this child. _____

Is your child a bed-wetter? Never Rarely Occasionally Frequently

If so, how is this situation handled at home, and what suggestions do you have for camp? _____

Is this your child's first overnight camping experience? Yes No

What specific suggestions do you have to make your child's transition to Mar-Lu-Ridge a good one? _____

What expectations do you have for your child's stay with us? _____

What types of activities and hobbies does your child enjoy? _____

Does your child sleepwalk? Yes No Any suggestions? _____

For Females: Has she menstruated? Yes No If No, has she been told about it? _____

If Yes, is her menstrual history normal? _____ Special concerns? _____

Please describe any food allergies your child has: _____

Please describe any dietary restrictions or special instructions regarding food: _____

Describe any allergies your child has: _____

Does your child take any medication during the school year? Yes No What? _____

Do you plan to continue this medication while at camp? Yes No

Does your child wear glasses? Yes No Contact lenses? Yes No

Briefly describe your child's personality (please include any psychological/behavioral conditions): _____

Describe any fears your child has (e.g. darkness, animals, etc.) _____

Does your child have any learning difficulties that we should be aware of? _____

**** Parent/Guardian Signature: _____ Date: _____**