

Name of Camper: _____

Session Attending Camp: _____

Personal History Questionnaire

This questionnaire has been developed to give parents the opportunity to provide the camp and counselors with vital information regarding their child. We have found that the more we know about our campers, the better we are able to provide each camper with a positive camp experience. It is imperative that parents fill out the questionnaire and answer the questions accurately. Please feel free to use the back of the form if needed. Please call if you have any questions or would like to discuss a matter in greater detail. Thank you!!!

PLEASE ATTACH A PHOTOGRAPH OF YOUR CHILD SO OUR STAFF WILL KNOW HIM/HER BEFORE ARRIVAL!

Has your child attended Maine Arts Camp before? yes no

If no, has your child been to another overnight camp? yes no

If yes, name of camp _____.

Is your child excited about attending camp? yes no If no, please explain:

Has your child been faced with any of the following situations during the past year? If yes, please describe (use back if necessary).

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> yes <input type="checkbox"/> no | Move to a new town and/or new school |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Separation and/or divorce |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Death/serious illness of a loved one |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Medical problems |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Peer pressure |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Loss of a pet |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Problems in school |

Has your child had an H1N1 Vaccine? _____ If so, what was the date? _____

If your child takes any medications for ADD, ADHD or other behavioral or emotional reasons, do you anticipate any change in dosage and/or frequency for the summer? Please explain in detail:

Has your child taken any medications for behavioral or emotional reasons in the past? Please Explain:

Please share any additional information/characteristics that will help us provide a successful experience. This includes any physical, learning, or emotional issues that **activity leaders need to know** in order to take good care of your child. **PLEASE REPEAT PERTINENT ITEMS (at least briefly) THAT ARE ALREADY ON THE HEALTH FORM. COUNSELORS DO NOT SEE THE HEALTH FORM.** (Use back of form or attach a page).