Dean’s Information Form - Parent’s Side

Please mail this to camp with your Health Form at least one week before your event begins.

Jumonville 887 Jumonville Rd. Hopwood, PA 15445

Parent(s): This information is important. We ask you to complete this Dean’s form to provide us with information that will help make your camper’s experience at camp a positive one. Your signature indicates that you understand that this information will be shared with dean and counselors when it is in the best interests of your camper.

Camper’s Name_________________________________________________ Event #___________________

• Does your camper have any problems such as bed-wetting, homesickness, incontinence, etc. or fears like swimming/water, storms? If yes, please suggest how we can be helpful at camp.

• In the last six months has your camper experienced any illnesses or problems or injury that were seen by a physician and might affect physical activity, behavior or her/his well being at camp? For example: mono, flu, ear infection, depression, falls, etc.

• Has there been a traumatizing incident in the last month or so before camp? For example: death of friend or family member.

Does your camper have any special dietary needs/restrictions? We must know about food allergies. Please call the Office at least one week before camp if your camper requires a special diet. (diabetes, allergy, lactose intolerance, etc.)

• Will your camper be taking medication while at camp? __Yes __No
If yes, be sure to tell the camp nurse during CHECK IN and turn over: all prescriptions, over the counter, or herbal products in their original package/bottle/container. Camper’s name must be on the outside. Please, fill this out carefully. We know that you have given this information on the health form. The dean needs your information in writing as soon as they have your camper.

List all medications your camper is taking now:

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<th>Medication Name</th>
<th>Reason for Taking &amp; Time Taken</th>
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Are there any activity restrictions for your camper while at camp? __Yes __ No
Explain:

It is important for families to realize that we will do everything possible to help every camper have a wonderful time at camp. The camps are Safe Sanctuary compliant. The health and safety of each camper is our greatest concern. If there is a serious problem with your camper, you will be called. In case of a very serious incident, it is our policy to call the camper’s pastor as well. Then, both you and the camp have a local church connection. We have a zero tolerance for any abuse or violence.

Church name_________________________________________________________ church address

Pastor’s Name_______________________________________________________

Put an X after pastor’s name if you do not want your pastor contacted.

Check here if no church at this time

Signature of Parent/Guardian __________________________ Date ____________
Camper Side

Camper: The information on this form will help your dean and counselors know you better and help you have a great time at camp. It will only be shared with your counselors, so please be open and completely honest.

1. Name (nickname) you want to go by at camp ________________________________________

2. How many times have you gone to camp? (Check one)    _____first time _____two or more _____too many to count

3. What things are you hoping will happen this week? ______________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

4. What are you hoping will not happen this week? ______________________________________
   ____________________________________________________________________________________

5. What are your favorite camp activities? ______________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

6. What makes you happy? _____________________________________________________________
   ____________________________________________________________________________________

7. What makes you sad? _______________________________________________________________
   ____________________________________________________________________________________

8. What makes you nervous or anxious? _________________________________________________
   ____________________________________________________________________________________

9. Is there anything else you want us to know about you that will help us make this a great week?
   ____________________________________________________________________________________
   ____________________________________________________________________________________

I understand that I can talk about my concerns or problems with my counselor or dean who will respectfully listen. I agree to follow camp rules, cooperate with camp leaders, and participate in the camp program/activities.

Camper’s Signature ____________________________________________

Jumonville, 887 Jumonville Rd., Hopwood, PA 15445
800.463.7688 or 724-439-4912
www.jumonville.org