

## Camper Information Form

**Please return this form four weeks prior to your camper's session.**

**To be completed by parent/guardian.** Mail this form to: Girl Scouts of Minnesota and Wisconsin River Valleys, 5601 Brooklyn Boulevard, Brooklyn Center, MN 55429 or fax it to: 763-535-7524.

Note to families: This information is used by camp and its personnel to ensure that we provide the best program for your camper. All information shared on this form is kept confidential and shared only with the appropriate staff members (your camper's counselor, the health care staff, etc.) Having information from you about how your Girl Scout reacts to certain situations or whether she has had a recent life-changing or stressful event allows us to be more sensitive to your camper's needs. This information helps us to provide a great experience for you camper. If you have any concerns about this information or would like to talk with me, please feel free to contact the camp director prior to your camper's arrival at camp. Thanks!

**Camper Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

Camp attending: (check one)  Camp Elk River  Camp Greenwood  Camp Lakamaga  Camp Northwoods  
 Camp Sanderson  Camp Singing Hills  Camp Whispering Hills  Rochester Day Camps

Program Attending/Dates: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Grade in fall 2009: \_\_\_\_\_

Has your camper ever stayed away from home overnight (relatives, camp or friends)? YES NO

If yes, how many nights? \_\_\_\_\_

Has she ever been homesick? YES NO

If she becomes homesick at camp, what might our staff do to help with this? \_\_\_\_\_

What chores is your camper responsible for at home? Will she be prepared to help with Kapers and camp chores at camp? \_\_\_\_\_

Does she have any specific fears (insects, storms, etc.)? \_\_\_\_\_

If these fears arise at camp, how can her counselor best support her? \_\_\_\_\_

Is your camper able to take care of her own personal needs such as picking out her own clothes, hair care, showering on her own, getting to sleep on her own? If not, what kind of help does she need from staff? \_\_\_\_\_

What is your Girl Scout looking forward to at camp? \_\_\_\_\_

Does your camper wet her bed, talk or walk in her sleep? \_\_\_\_\_

If yes, how are these issues managed? \_\_\_\_\_

Have there been any recent changes or stressful events in her life (moving, divorce, death, new baby)? If yes, how is she dealing with this? \_\_\_\_\_

Has your camper begun menstruation? YES NO

If no, what information has she been given? \_\_\_\_\_

Any other information that will be helpful in providing the best possible experience at camp?

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