

Dean's Information Form

revised 4.07

Parent's Side

Bring this completed form to camp; give it to the dean at check-in.

DO NOT RETURN THIS FORM TO THE CAMPING OFFICE.

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 # _____

1. Does your camper have any tendency with problems such as bed-wetting, homesickness, incontinence, etc. or have any fears like swimming/water, storms? If "yes," please suggest how we can be helpful at camp.
2. 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. Also, has there been a traumatizing incident in the last month or so before camp. For example: death of friend or family member.
3. Does your camper have any special dietary needs/restrictions? We must know about food allergies. ***Please call the campsite at least one week before camp if your camper requires a special diet. (diabetic, allergy, intolerance, etc.)***

4. 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 keeps this green sheet and the camp nurse keeps the health form. The dean needs your information in writing as soon as dean has your camper.

List all medications your camper is taking now or has taken in the past three months:

<i>Medication Name</i>	<i>Reason for Taking</i>
_____	_____
_____	_____
_____	_____
_____	_____

5. 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 every thing 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



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umcamp@wpaumc.org www.wpaumc.org/Camping
 Camp Allegheny 888.251.0771 Jumonville 800.463.4912 Wesley Woods 814.436.7802

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 _____