



CAMP HILBERT 2008

INFORMATION FORM

**This information will help us prepare for each camper this summer.
All information is confidential and will only be shared with the appropriate staff members.**

Camper Name: _____ Nickname: _____
 Birthdate: _____ Age: _____ Gender: M / F Previous years at Hilbert: _____
 Address: _____ Phone: _____
 School: _____ Grade (Fall 2008): _____ E-mail: _____

Parent/Legal Guardian Information

Father: _____ Place of Employment _____ Work phone _____
 Address _____ Home Phone _____
 E-mail _____

Mother: _____ Place of Employment _____ Work phone _____
 Address _____ Home Phone _____
 E-mail _____

Person or Agency having legal custody of child: _____
 Address: _____ Home: Phone: _____
 Place of Employment: _____ Work Phone: _____

Emergency Information:

Child's Physician: _____ Phone: _____
 Allergies or intolerances to food, medication, etc. and action to take in an emergency: _____

Brothers and Sisters of Child?

Name _____	Age _____	Enrolled in Camp Hilbert	<input type="radio"/> Yes	<input type="radio"/> No
Name _____	Age _____	Enrolled in Camp Hilbert	<input type="radio"/> Yes	<input type="radio"/> No
Name _____	Age _____	Enrolled in Camp Hilbert	<input type="radio"/> Yes	<input type="radio"/> No

If child is adopted, age at adoption: _____ does child know he/she is adopted? Yes No

Other members of household (include relationship and age) _____

Has child had camp experience? Where _____

What time does child usually go to bed at night? _____

What are child's favorite activities (indoor and outdoor)? _____

How would you describe your child's personality? _____

Does child have frequent colds? _____ Tonsillitis? _____ Earaches? _____ Allergies? _____

How does it manifest itself? (Asthma, Hay fever, Hives) _____

Any recent situations at home that may affect camper's behavior at camp? (i.e. recent separation/divorce of parents, death in family)

Yes No

If yes, please explain: _____

Any concerns regarding the camper(s) that has resulted in professional consultation? Yes No

If yes, please explain: _____

Has camper taken any medications within the past year for medical or other reasons? Yes No

If yes, please explain: _____

Does child have any fears that you are aware of? _____

Any physical/medical limitations? Yes No

If yes, please explain: _____

Is camper looking forward to coming to camp? Yes No

Anything else we should know? _____

People authorized to pick-up my child:

Name: _____ Phone #: _____

My child can identify this person () Yes () No

Name: _____ Phone #: _____

My child can identify this person () Yes () No

Name: _____ Phone #: _____

My child can identify this person () Yes () No

People who MAY NEVER pick-up my child:*

Name: _____ Phone #: _____

My child can identify this person () Yes () No

Name: _____ Phone #: _____

My child can identify this person () Yes () No

Name: _____ Phone #: _____

My child can identify this person () Yes () No

*Appropriate paperwork such as the divorce decree should be attached if a parent is not allowed to pick-up child.

Any information about your child which you feel we should know:

