



PARTICIPANT PROFILE FORM

Participant Name:

Date of Birth:

Age:

Gender:

Please list any any medical conditions, allergies, learning disabilities, physical deficiencies, or other disorders participant has or is being treated for that we should be aware of:

Is participant currently actively taking prescription medication for any conditions (including asthma inhalers) outlined above? If yes, please specify:

Has participant been previously enrolled in a camp or group setting with other children for multiple hours of the day?

Is participant able to fully change their clothes and dress themselves with no supervision? If no, please specify what participant requires assistance with:

Please list any other information you would like to disclose about your child in efforts of ensuring their summertime experience with us is maximized: