

Girl Scouts Heart of Michigan  
About Your Daughter

*This form should be completed by the camper's parent or guardian, and returned at least two weeks prior to check-in.*

**Note: Only your camper's counselors and the Camp Directors will use this form. We want to provide a fun, safe and secure experience for your camper, and this information will help us get to know and understand the young women who have been entrusted to our care. Please be honest, comment fully, and supply any additional information we may need, attaching additional pages as needed. It is particularly important that we be made aware of any health restrictions or emotional needs.**

Camper's Name: \_\_\_\_\_

Date(s) Attending Camp: \_\_\_\_\_

Program Name: \_\_\_\_\_

Any Nicknames: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

School Grade for Fall 2013: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Are Parents:  Married  Divorced

- Who has custody of your camper? \_\_\_\_\_

Number of: Sisters \_\_\_\_\_ Brothers \_\_\_\_\_ Other children in your household \_\_\_\_\_

- Names and Ages of Each: \_\_\_\_\_

\_\_\_\_\_

Does she have any special pets?  Yes  No

- If yes, what kind and what is its name? \_\_\_\_\_

Has she ever been away from home without her parent(s)/guardian(s) for an extended period of time?

Yes  No

- If yes, where did she go, and for how long? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your daughter's responsibilities at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does she make friends:  Easily  Fairly Easily  With Difficulty

Is she afraid of:  The Dark  Animals  Water  Lightening  Thunder Other: \_\_\_\_\_

When she doesn't "follow given guidelines" or "misbehaves", how do you handle the situation at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your daughter a bed wetter?  Never  Seldom  Frequent

- If so, are there any guidelines we should follow? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Has she experienced a past illness or disability that has or may limit her activities?  Yes  No

- If so, please describe: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Does she have any allergies, medical, or emotional conditions we should be made aware of in the interest of her safety and well-being?  Yes  No

- If so, please describe and provide any special instructions: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Has she started menstruation?  Yes  No

- If not, is she informed and prepared? \_\_\_\_\_
- \_\_\_\_\_

Has anything occurred in her life within the past year (such as a family death, divorce, problems at school, etc.) that may be a problem for her, or may affect her behavior at camp?  Yes  No

- If so, please explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please describe her previous camp experiences: \_\_\_\_\_

\_\_\_\_\_

Does your camper have any dietary restrictions?  Yes  No

• If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your expectations of your daughter's camp experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I have supplied the above information, and understand that it will be shared **only** with my camper's counselors and the camp administration.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date