



- Shy
- Creative
- Fights
- Self hurting
- Hyperactive
- Throws objects
- Loner

- Cooperative
- Quick learner
- Cries easily
- Throws tantrums
- Teases others
- Runs away
- Likes to help

- Soils self sometimes
- Emotionally mature
- Limited hygiene
- Independent
- Issues w/ eating
- Difficulty following directions
- Steals/takes things

Has camper attended Camp Kiwanis before?  
 \_\_\_\_\_ yes \_\_\_\_\_ no  
 Any problems or concerns? \_\_\_\_\_  
 \_\_\_\_\_

Does camper have fear of dark/nighttime, have nightmares/sleepwalk , or other sleep disturbances?  
 \_\_\_\_\_ yes \_\_\_\_\_ no  
 Comments \_\_\_\_\_

Has camper attended another camp before?  
 \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ overnight?  
 Any problems or concerns? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the camper on the autism spectrum?  
 \_\_\_\_\_ yes \_\_\_\_\_ no  
 Describe/Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How often does the camper wet the bed?  
 \_\_\_\_\_ never \_\_\_\_\_ rarely \_\_\_\_\_ frequently

Does camper have a history of fire setting?  
 \_\_\_\_\_ yes \_\_\_\_\_ no  
 Comments \_\_\_\_\_  
 \_\_\_\_\_

Does camper have fear of water/water activities?  
 \_\_\_\_\_ yes \_\_\_\_\_ no  
 Comments \_\_\_\_\_

**Parent/Guardian Agreement**

**If my camper attends Kiwanis, I agree:**

- \* To allow my camper to participate in all activities except those medically prohibited.
- \* I hereby grant Kamp Kiwanis and it's agents full authority to take whatever actions they deem necessary regarding my camper's health and safety, and I fully release Kamp Kiwanis from any liability in connection therewith.
- \* To send necessary medication in original bottles and in a quantity sufficient for the duration of the camp.
- \* Kamp Kiwanis has a right to enforce appropriate standards of conduct and Kamp Kiwanis may terminate my camper's participation if he/she does not maintain these standards. If my camper's participation is terminated, I will pick up and transport my camper at my expense.
- \* I release Kiwanis Club and affiliates from any liability resulting from mishaps or other accidents that may occur at any time, including transportation to and from camp.
- \* I give consent for Kamp Kiwanis and/or it's agents to provide any first-aid or medical treatment which my camper may require, and that such first-aid and treatment may be provided by any person or organization the Kiwanis Club or it's agents so direct. I also give consent for my camper to be screened by the camp doctor/nurse.
- \* My camper will have a head lice check prior to the first day of camp.

**I understand:**

- \* If my camper comes to camp without necessary medications in the original container I will deliver medications to the camp immediately.
- \* That my camper must comply with camp rules and standards of behavior.
- \* That Camp Kiwanis has a small stock of over the counter medications at no charge. All bills for physican, dental, hospital or doctor visits, laboratory tests, x-rays, or prescription medications will be sent directly to the family for submission to it's insurance plan/medical coverage.

**I give my permission:**

For Kamp Kiwanis to take and use photographs and video of my camper to be used in any public or social media format.

I hereby consent for \_\_\_\_\_ (camper) to attend Kamp Kiwanis.

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

\_\_\_\_\_  
 Date