

All About _____ Date of Birth _____

Please attach Health, Immunization and Tetanus records.

This is information about your child which will help us at Kingston's Camp provide the best experience for her or him. Please return with your first weekly payment before camp begins.

Please answer completely!! If you do not tell us, we cannot be held responsible. If there is anything else we should know, please tell all!!

Allergies: List all substances here. On a separate piece of paper let us know any and all procedures you wish us to take in case of exposure to allergen:

Foods and Liquids: _____
Animals: _____
Medications: _____
Plants: _____
Other: _____

Personality: Please let us know what your child is like:
Circumstances which may affect behavior: _____

Talents & Strengths: _____

Likes & Dislikes: _____

Foods: Child must not be allowed to have the following: _____

Physical Limitations on Child's Ability to Participate in:

Swimming: _____
Games & Sports: _____
Hikes & Nature Walks: _____
Music & Drama: _____

Does your child have any of the following:

Allergies _____; Heart Condition _____; Fainting Spells _____; Vision Impairment _____; Skeletal Deficiencies _____; Epilepsy _____; Learning Disabilities _____; Diabetes _____; Hearing loss _____; Coordination Difficulties _____; Headaches _____; Back problems _____; Asthma _____; Emotional Difficulties _____; Frequent Ear Infections _____; Other _____;
Date of last physical _____

Is your child currently taking Medication, if yes please describe:

If yes to the any of the above, please attach record of past medical treatment.

_____ I give Kingston's Camp permission to administer Tylenol if my child has a need for it.

_____ I give Kingston's Camp permission to administer Benedryl if my child has a need for it.

Parent/Guardian Signature: _____