

**MECHUWANA DAY CAMP CAMPER PROFILE**  
**P.O. BOX 277 WINTHROP, ME 04364-0277 TEL. 207-377-2924**

Name of Camp Session(s) attending: \_\_\_\_\_  
Dates Attending: \_\_\_\_\_  
Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F \_\_\_\_\_  
Grade Entering Fall \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_  
Father's Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**ADULTS LIVING IN CHILD'S HOME**

\_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**CHILDREN LIVING IN CHILD'S HOME**

\_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Family Pets \_\_\_\_\_

1. Are there areas in which your child has a particular interest and/or ability?
  
2. Are there areas in which your child has particular difficulty? If so, is he/she receiving help in those areas?
  
3. When a child comes to camp from a home that is undergoing change (new location, separation, divorce, etc.) his/her experience and adjustment are often affected. Are any of these changes part of your child's life, and if so, how is he/she adapting?
  
4. What do you and your child particularly wish to gain from our camp?

**The following person(s) are authorized to pick up my child at the close of the camp day:**

\_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

**YOUR CHILD WILL NOT BE ALLOWED TO LEAVE CAMP PROPERTY WITH ANYONE OTHER THAN THOSE LISTED ABOVE WITHOUT DIRECT WRITTEN OR VERBAL PERMISSION FROM YOU, THE PARENT(S).**

Mechuwana Day Camp Health Form

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

Camp Session(s) \_\_\_\_\_

Parent(s): Mother \_\_\_\_\_ Father \_\_\_\_\_

Camper's Home Phone \_\_\_\_\_

EMERGENCY CONTACT IF PARENT(S) CANNOT BE REACHED:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

ANY MEDICAL CONCERNS \_\_\_\_\_

FOOD ALLERGIES \_\_\_\_\_

FOOD RESTRICTIONS \_\_\_\_\_

DRUG ALLERGIES \_\_\_\_\_

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

**MEDICATION TO BE GIVEN WHILE AT CAMP**

Name of Medicine	Dosage	Time/Day	Treatment For

**EMERGENCY AUTHORIZATION: I hereby give permission for emergency treatment for my child in the event that I cannot be reached.**

**SIGNATURE OF PARENT(S)** \_\_\_\_\_

**DATE:** \_\_\_\_\_