

**SIDWELL SUMMER
CAMPER ADVOCATE FORM**



Camper's Name: _____

If pertinent to your camper, please complete the Camper Advocate Form for our records. We like to be aware of any special needs, medical conditions, behavioral/developmental challenges, etc., of Sidwell Summer campers. This information will be shared with the appropriate parties (i.e. Nurse, Director, camp staff) in order for us to best meet your camper's needs. Thank you!

Program(s) Participating in: _____

Date(s) Participating:

___ 6/10 – 6/14	___ 7/15 – 7/19
___ 6/17 – 6/21	___ 7/22 – 7/26
___ 6/24 – 6/28	___ 7/29 – 8/2
___ 7/1 – 7/3	___ 8/5 – 8/9
___ 7/8 – 7/12	___ 8/12 – 8/16

What are the special concerns/information you would like to share with us about your child?

Does your child require special assistance? Please explain.

Does your child have a medical condition that our staff needs to be aware of? Please detail below.

i.e. asthma, diabetes, epilepsy

List any unusual scheduling needs for your camper.

Would you like to speak with the Camper Advocate in regard to information presented on this form? ☐ Yes ☐ No

Guardian Name: _____ Relationship to camper: _____

Contact Number: _____ E-mail Address: _____

CAMPER ADVOCATE NOTES: (Office Use Only)