



## Camp Cambridge® K-2 Program Questionnaire Summer 2023

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My child's first day to attend Camp Cambridge will be \_\_\_\_\_.

Name of School attending fall 2023: \_\_\_\_\_

Grade entering fall 2023: \_\_\_\_\_

### **Medical History**

Type of Birth: \_\_\_Normal \_\_\_Premature \_\_\_Complications

Please explain: \_\_\_\_\_

Please list any conditions, illnesses, allergies, or special needs that we should be aware of:

\_\_\_\_\_

Please list any medications that your child takes on a regular basis:

\_\_\_\_\_

Please list any special eating habits your child may have:

\_\_\_\_\_

\_\_\_I **do not** need to meet with a Director to further discuss my child's specific needs.

\_\_\_I **do** need to meet with a Director to further discuss my child's specific needs.

Please list any other information, medically or socially about your child that you need our staff to be aware of.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Print Name