



PARENT/CHILD QUESTIONNAIRE

Knox Summer Adventures is committed to providing your child with a wonderful camp experience. To help us, please answer the following questions so we can address your child's individual needs.

Child's Name _____ DOB _____ Phone # _____

Please check one

Tadpole ___ Minnow ___ Sailfish ___ Dolphin ___ Shark ___ Rider ___ CIT ___ Specialty ___

Does your child have **allergies**? Yes ___ No ___

How is he or she treated?

Will allergy medication be necessary at camp?

Does your child have **asthma**? Yes ___ No ___

If yes, what triggers the asthma?

Will asthma medication be necessary at camp?

Does your child have any physical or learning disability or other special needs?

Does your child have ADD, ADHD, OCD or seizure disorder? If yes, please explain.

Signature of Parent _____ Date _____