

*Nature's Classroom*  
**HOME AND HEALTH INFORMATION QUESTIONNAIRE**

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

*The questions below are a framework for you to provide us with needed information. Please feel free to add whatever information you think will be helpful – attach additional sheets if necessary. We will share this information with your child's classroom teacher's prior to his/her arrival at camp. Thank you for your cooperation.*

1. Is this your child's first prolonged stay away from home? \_\_\_\_\_

2. Is this your child's first sleep away experience? \_\_\_\_\_

3. Has your child ever had a problem with homesickness? If yes, please explain briefly. \_\_\_\_\_

\_\_\_\_\_

4. Does your child have a bed wetting problem? \_\_\_\_\_

5 Date the last tetanus booster shot (not a tetanus shot given after an injury). \_\_\_\_\_

6. Are there any restrictions on your child's activities? Please include any specific health concerns, e.g., special diet, recent hospitalization, fractured bone, etc. \_\_\_\_\_

\_\_\_\_\_

7. List any allergies, e.g., food, environment, medication, and explain degrees of severity and current treatment.

\_\_\_\_\_

8. Does your child have any sensory, physical or cognitive disabilities? \_\_\_\_ Yes \_\_\_\_ No If yes, explain.

\_\_\_\_\_

\_\_\_\_\_

9. Has anything happened recently in your child's life that may affect him/her emotionally or physically while at camp? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

10. Additional information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_