

2023 Camp Kookamunga

Camper Information Page

This form must be completed and returned for the camper to be admitted.
Please bring it to camp in the first day your child attends.

Name of Child: _____ Age: _____

Address: _____

Parent/Guardian: _____

Primary Phone: _____ Secondary Phone: _____

Other Numbers: _____

Parent/Guardian: _____

Primary Phone: _____ Secondary Phone: _____

Other Numbers: _____

If you're not available in an emergency, who should we call?

Name: _____ Phone: _____

Relationship to Child: _____

Please answer the following so that we can get to know your child:

What sport or games does he/she like to play?

Is there an activity your child particularly wants to do at camp?

What hobbies or special interests does your child have?

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Please provide the following information about your child:

Does he/she have allergies (foods, medications, insects and seasonal allergies)

What is the reaction to the allergen (Hives, sneezing, swelling, etc.):

Does your child need and EpiPen? Yes No

If so, please send one to camp.

Does your child have asthma? Yes No

If yes, please send an inhaler to camp with your child if they use one.

Child's doctor: _____ Phone number: _____

Parent/guardian permission:

I give consent to the Town of Middlebury Camp Kookamunga counselors to seek emergency medical attention for my son/daughter in the case that an emergency situation arises. I understand that no major medical decisions would be made without the consent of a parent/guardian and this waiver form is for emergency care only.

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I give my consent for my child to take part in field trips and excursions under proper supervision.

Parent/Guardian signature: _____ Date: _____