

A LETTER TO MY CHILD'S LEADER

To be completed by camper's parent/guardian. This letter will go directly to the camper's cabin leaders. Any information for the Health Center Staff should be on the "**Health & Medical History Form.**"

Dear Leader,

This is _____'s _____ year at an overnight camp and _____
number number

year at Camp Seymour. I want him/her to go to camp because _____

While at camp, I hope that he/she will _____

My child is: most happy when _____

most unhappy when _____;

enthusiastic about _____;

not fond of _____;

apt to be afraid of _____;

allergic to _____;

is _____ at personal hygiene (brushing teeth, changing dirty clothes, hand washing);

and is _____ at taking care of personal belongings.

My child gets along with age-mates who _____.

At home my child is most often disciplined for _____.

He/she has the following responsibilities at home: _____

Please pay special attention to: _____

Has he/she been diagnosed as having any learning disability, emotional or behavioral problem? Yes / No.

If yes, please explain (this letter will be given directly to the cabin leaders, and used to help us provide the best possible experience for your child. If the Health Center Staff or Camp Director should be aware of these needs please include them on the "**Health & Medical History Form.**"): _____

Parent/Guardian's Signature _____