CAMP BRIAR HILL

ALL ABOUT ME FORM

(Given to your child's Group Leader)

Camper Name		
Are there any beverages or food that your child should not have?		
Does your child have any allergies?		
Does your child have any fears?		
Is this your child's first camp experience?	□Yes	□No
Does your child burn easily and need sunscreen more than once?	□Yes	□No
Does your child need to wear earplugs while swimming?	□Yes	□No
*Would you like a phone call from your child's group leader before	camp?	
(if so, please provide desired number to call)	□Yes	□No
Phone Number:		
Your child's birthday		
Would you like your phone number and email published in the grou	ıp's friend	dship list?
(if so, please provide number and/or email to publish)	□Yes	□No
Phone Number:		
Email address:		

In addition, I would like my child's group leader to know the following (please feel free to write on the back of this form):

^{*} If requesting a phone call, please note that camp policy is that staff members may not give out personal phone numbers. Therefore, group leader calls may come from a "private" number. Please make sure you have not blocked these type of calls.