



Needs Assessment

Camper Name: _____

Camp Session: _____

We look forward to partnering with you this summer to make your camper's experience the best ever. Please help us create a welcoming environment while they are away from home by completing this form, if applicable and submit it two weeks prior to the beginning of your camper's session.

Please describe any physical, psychological or emotional challenges that we would need to be aware of:

Please describe any medical concerns that we would need to be aware of:

Please describe any food allergies or restrictions that we would need to be aware of:

Please describe anything else that we would need to be aware of:

Print - Parent/Guardian Name

Date