

Jug Bay Wetlands Sanctuary
1361 Wrighton Rd
Lothian, MD 20711
410 741-9330



SUMMER CAMP PARTICIPANT PROFILE

Parents,

Please complete the following profile to assist us in providing your child with a positive summer experience. Provide any information that we need to be aware of such as medical, psychological or behavioral conditions, medications, dietary restrictions, allergies, or special needs. Use back of form if necessary and give all information that may be useful. Thank you.

Child's Name _____

1. Is your child presently under a doctor's care for any condition or disability? NO YES
If yes, what condition? _____
2. Is your child currently taking any daily medication? NO YES
If yes, what type of medication? _____
3. Does your child receive special education services during the school year? NO YES
If yes, describe. _____
4. Is your child subject to seizures? NO YES
If yes, describe. _____
5. Does your child have a reaction to the sun or heat? NO YES
If yes, explain. _____
6. Does your child have allergies or intolerances (i.e. insect bites, certain foods)? NO YES
If yes, describe? _____ Is medication needed? _____
7. Is it necessary for your child to limit activities for any reason? NO YES
If yes, explain. _____
8. Has your child ever attended an overnight camp without his or her parents? NO YES
9. Successful method (if any) to avoid or discontinue unwanted behavior:

9. What calms your child when he/she is upset? _____

10. Other hints or suggestions?

****Please mail completed form to Sanctuary address (above)
or e-mail torpbade44@aacounty.org by July 6**