Kayak Association Community Camp
Girl Scouts of Western Washington

Share Your Daughter With Us!

*This form must be filled out by a parent/guardian. Please fill out and return with Health History.

Daughter's Name _____Camp Unit_____
Parent /Guardian's Name _____ Home #_____ Work# _____

Please take a few minutes to share some information about your daughter with us. This information will be kept confidential and shared only with staff members who will be working directly with your daughter. We want to make sure that each girl has a positive and successful experience at Girl Scout summer camp.

1. Are there any special physical, behavioral, (i.e. night terror – sleep walking), health, dietary, or other needs we need to know in order to help your daughter have a successful summer camp experience? Please describe any special care she may need:

2. What are your daughter's expectations of camp? (Program, friends, activities, etc).

3. How does your daughter relate to girls her age and to adults?

4. These forms are passed on to Unit Leaders. Have there been any significant family events such as divorce, births, deaths etc. that may affect your daughter's behavior?

5. Is this your daughter's first summer at Kayak Community Camp? If no, how many summers has she attended? Has she slept in an open cabin in the out of doors?