



Summer Camp Screening Form

Private and Confidential

Childs Name: _____ Date of Birth: __/__/__

Address: _____

Contact Name 1 _____ Contact Number 1 _____

Contact Name 2 _____ Contact Number 2 _____

Please circle the appropriate if the Child suffers from any of the following:

Heart problems Y N Asthma Y N

Diabetes Y N Epilepsy Y N

Chronic Illness Y N Allergies Y N

Please specify: _____ Please specify: _____

Any other Special needs e.g. ADHD, ADD: Please specify _____

Is the Child on any medication? Y N

If Yes Please Specify: _____

If you have circled "Yes" to any of the above please advise camp leaders on first day of camp.

I have understood and answered all the above questions fully and the best of my knowledge

Week of course Child is attending: _____

Signed by Parent/Guardian: _____ Date: __/__/__

Signed by NAC Staff receiving form: _____ Date __/__/__