



Albert & Ann Deshur
Rainbow Day Camp
Parent Questionnaire

Please take a few minutes to fill out this questionnaire and return it as soon as possible. This form will be used by Camp Director Lenny Kass as a reference. All information regarding your child's history is confidential.

Child's Name: _____ **Session:** _____

1. This is my child's first camp experience: Yes No
2. My child has the following dietary restrictions: _____

3. Allergies: _____

4. My child will need to take medication at camp: Yes No
Please send me a permission form to administer medication: Yes No
5. My child has the following physical limitations: _____

6. I would like you to know the following about my child. This may include behavior and how to handle it, family or school considerations, or anything that may help us make your child's stay at camp better: _____

