



1 Harry S Truman Parkway  
Annapolis, Maryland 21401  
www.aacounty.org/recparks  
410-222-7313

## 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. Successful method (if any) to avoid or discontinue unwanted behavior:  
\_\_\_\_\_  
\_\_\_\_\_
9. What calms your child when he/she is upset? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Any other hints or suggestions?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Completed form must be turned in at the camp location upon arrival on 1<sup>st</sup> day of attendance.**