

# A letter to My Child's Counselor

(To be completed by parent or guardian and mailed to Sun Valley Trekking, PO Box 1300, Hailey, ID 83333)

Camper Name:

Nick Name:

This is my child's first time away from home: ( ) YES ( ) NO

This is my child's first time sleeping in a tent: ( ) YES ( ) NO

I want them to attend camp because: \_\_\_\_\_

\_\_\_\_\_

While at camp I hope they will: \_\_\_\_\_

\_\_\_\_\_

My child is a: ( ) Strong swimmer ( ) Fair swimmer ( ) Not yet a swimmer

My child is most happy when: \_\_\_\_\_

My child is most unhappy when: \_\_\_\_\_

My child is enthusiastic about: \_\_\_\_\_

My child might be afraid of: \_\_\_\_\_

My child will be taking medications at camp: ( ) YES ( ) NO

My child has the following dietary needs: \_\_\_\_\_

\_\_\_\_\_

If my child were to become homesick, I would suggest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any further comments, hopes, suggestions, or concerns:

*Please contact the Camp Staff if you have additional or confidential information to share.*

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