Parent/Guardian Accommodation Information Request Form

(please use additional pages if needed)

Fill out this form and email a copy back to us at summer@campwaldenmi.com

Camper Name: _____ **Birthdate:** _____/_____/_____

Session/Dates: _____ **Summer (circle):** 2026 / 2027 / 2028

1. **Reason for request of accommodation:**

_____

_____

_____

2. **Description of your camper's needs at camp:**

_____

_____

_____

3. **Specific accommodation you are requesting:**

_____

_____

_____

4. **Health and safety considerations (medical, dietary, activity restrictions):**

_____

_____

_____

5. **Strategies or supports that work well for your camper (home, school, activities):**

_____

_____

_____

6. **Emergency considerations (if applicable):**

_____

_____

_____

7. **Camper's healthcare providers:**

Name: _____ **Specialty:** _____ **Contact info**_____

Name: _____ **Specialty:** _____ **Contact info**_____

Name: _____ **Specialty:** _____ **Contact info**_____

Parent(s)/guardian(s) name(s) / relationship to camper:

_____ _____

Signature_____ **Signature** _____

Date: _____ **Date:** _____