

# Camp Walden

P.O. Box 230  
Denmark, ME 04022  
Phone 207-452-2901  
FAX 207-452-2902

## RETURNING CAMPERS

**Please return this and the completed Health form to our SUMMER ADDRESS by June 1<sup>st</sup>**

Indicate below if there have been any changes with you daughter over the school year.

CAMPER NAME \_\_\_\_\_ DATE \_\_\_\_\_

Change in medication OR new medication: \_\_\_\_\_

\_\_\_\_\_

What is the medication for: \_\_\_\_\_

\_\_\_\_\_

Any emotional issues we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any physical changes: \_\_\_\_\_

\_\_\_\_\_

List any restrictions: \_\_\_\_\_

\_\_\_\_\_

**If more space is needed please attach additional pages.**

**All personal information WILL be kept strictly confidential.**

