

TEEN TRAVEL TRIP PARENT INFORMATION FORM– 2007

In order to help us ensure that your child has a fun, healthy and successful summer and to be sure that the Teen Travel Trip is suitable for your child, we would appreciate your assistance in completing this form. This information will help us to better prepare for your child's trip experience.

CAMPER'S NAME _____ Western [] Alaska []

[1] Why do YOU want your child to participate in a Teen Travel Trip? Rank in order of importance (from 1 = most important to 7= least importance)

- ___ To gain more independence.
- ___ His/her friends are going and I want my child to be with them for the summer.
- ___ I want my child to have the opportunity to challenge him/herself by going on day hikes, backcountry trips and learning to work as part of a team.
- ___ Have a fun summer.
- ___ Meet new friends.
- ___ I heard the Tamarack Camps Teen Travel Trips were a great "growing" experience for teens.
- ___ Needs to "get away" from home, school friends for the summer and this would be a great opportunity.

[2] What are some goals you would like for your child to personally achieve while on the trip?

[3] Do you or your child have any concerns/fears/anxieties pertaining to the trip that may affect his/her trip experience? Please explain.

[4] Give a brief explanation of any medical issues that your child may have. Include any physical limitations that may limit their participation in any of our rigorous activities such as daily hikes, backcountry camping, rafting, etc.

[5] Is your child under the care of a social worker, counselor, therapist, psychologist or psychiatrist? [] Yes [] No Please give a brief explanation of any psychological or behavioral issues your child may have.

[6] Please list any prescription medication your child takes.

[7] Are there any custodial issues in your family? Please explain.

[8] Please add any additional comments you wish to bring to our attention that would help us understand your child better and provide a more successful trip experience for him/her.

If any changes occur with regard to your child's medication, physical or emotional status, Tamarack Camps must be notified immediately.

Signature of Parent or Guardian _____ Date _____