

CONFIDENTIALITY STATEMENT: The information you provide to us is confidential and will only be used to become familiar with each child we serve and to establish goals for him or her while at camp. Information will not be released to a parent. The principle of confidentiality is maintained in all programs, functions, and activities.

Jameson Camper Referral Form



A Referral Form is voluntary and would be completed for the following reasons:

- **If you are referring a child for camp:** 1) Complete this form. 2) Return it to Jameson Camp via fax or mail. 3.) **Contact the parent/ guardian** of the child you are referring so they may register by visiting www.jamesoncamp.org, emailing questions to registrar@jamesoncamp.org, or calling 317-241-2661 x31.
- **If you are a parent/guardian** and feel that a professional who works with your child (**teacher, social worker, pastor, counselor, etc.**) could provide additional information about him/her that would help us better meet the needs of your camper.

★PLEASE NOTE: A CAMPER APPLICATION MUST BE COMPLETED TO ATTEND CAMP★

CAMPER/GUARDIAN INFORMATION

Child's Name: _____ Birthday: ____/____/____ Gender: M F
 Parent/Guardian _____ Relationship _____
 Address _____
 _____ City State Zip
 E-Mail Address: _____
 Phone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

REFERRING PARTY'S INFORMATION

Referral Partner _____ Email _____
 School or Agency/Relationship to Child _____ Phone: (____) _____
 Address _____
 _____ City State Zip
 May we contact you in the summer if issues arise? Y/N Summer Phone: (____) _____
 Signature of Referral Partner _____ Date _____
 ★Party responsible for cost of camp: Agency ____ Other Sponsor ____ Family ____ Unknown ____

REASON FOR REFERRAL

How will this child benefit from camp? _____

What are some of the child's strengths? _____

Does this child struggle with any psychiatric, emotional, or behavioral challenges of which Jameson Camp should be aware? *Please note challenges, coping mechanisms, and any residential treatment that has been received.*

To your knowledge, have any significant events occurred at home or at school that may have had an impact on the child? _____

Has this child been diagnosed with any of the following? (please check all that apply)

- ADD/ADHD Oppositional Defiant Disorder Autism Asperger Syndrome Bipolar Disorder
 Developmental Disorder NOS Learning Disorder Depression Other: _____

PERMISSION TO CONTACT FAMILY

Jameson Camp may contact the family of the child whom you are referring to camp for recruitment purposes. Jameson Camp will only release the name of the referral partner and the referral status. If Jameson Camp has your permission to contact the family and/or release your name, please initial on the line. _____

