



Nova Scotia Firefighters' Burn Treatment Society

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CHILD/YOUTH

Nova Scotia Firefighters' Burn Treatment Society Burn Camp					
Counsellors' Information Sheet					
Name (Last)		(First)		Date Of Birth	
Dietary Information					
Vegetarian	YES		NO		Food Allergies (list):
Behaviour Traits					
Does your child have:	Learning Disability	YES		NO	
	Behaviour Problems	YES		NO	
	Attention Deficit Disorder	YES		NO	
Is the camper prone to Homesickness?		YES		NO	
Does the camper have any specific fears?		YES		NO	
Explain:					
Does the camper have any sleeping problems?		YES		NO	
(ie. Difficulty sleeping)(explain)					
Does camper bedwet?		YES		NO	

"Taking Pride in Helping Others"

Please comment on any behaviour traits this camper has which would be useful for the Counsellors to know about. (ie. temper, sulkiness, easily hurt, etc.)
What activities does camper enjoy?
What activities does the camper not enjoy?
What level has this camper reached in swimming?
If disciplinary action is required, what would you recommend?
Please note: Our policy for discipline is one, two, three. (one - warning, two - call home, three - have to go home)
Any Additional Comments: