



## Orientation for Families and Summer Buddy

### Summer Buddy Name

Email Address

Cell Phone

Emergency

Contact

Cell Number

### Day to Day Location

Dates at Family 1 Home

Dates at Family 2 Home

### Family 1

Parent 1 Name

Cell

Email

Street Address

City, State

Parent 2 Name

Cell

Email

Street Address

City, State

Child 1 Name

DOB and Age

Allergies/Special Concerns

Child 2 Name

DOB and Age

Allergies/Special Concerns

Child 3 Name

DOB and Age

Allergies/Special Concerns

## Family 2

Parent 1 Name \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City, State \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City, State \_\_\_\_\_

Child 1 Name \_\_\_\_\_ DOB and Age \_\_\_\_\_

Allergies/Special Concerns \_\_\_\_\_

Child 2 Name \_\_\_\_\_ DOB and Age \_\_\_\_\_

Allergies/Special Concerns \_\_\_\_\_

Child 3 Name \_\_\_\_\_ DOB and Age \_\_\_\_\_

Allergies/Special Concerns \_\_\_\_\_

Any children require use an epi-pen? \_\_\_\_\_ If yes, who will orient the Summer Buddy on where it is kept and how to use? \_\_\_\_\_

### Please Answer yes/no

Health and safety guidelines have been reviewed	
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Location of family thermometer has been reviewed	
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Location of First Aid kit has been discussed	
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Discipline and parenting styles have been discussed	
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Lunch and snacks (to be provided by the parents) have been discussed	
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Weekly Flagpole Meeting: Facebook Live/Private Group has been reviewed	
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Camp supplies have been discussed	
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Pets have been discussed (including their personalities, all the children are comfortable, any behavior concerns, is there an electric fence, etc.)	
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Please acknowledge the following activities are <u>prohibited</u> : driving, swimming, administering medication.	
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[Program Wish List from Amazon](#)