



EUREKA CAMP 'II SCHOOL INFORMATION RELEASE FORM

Attention Parents: Please sign and include with the Teacher Questionnaire Form.

TO: _____
Specify name of Teacher, Counsellor, etc.

RE: _____
Name of Child

I have made application for my child to attend Eureka Outdoor Camp; a camp for children and adolescents with learning disabilities and associated disorders.

The objectives of the camp are:

1. To develop recreational and social skills so the camper can better integrate into activities at home and in his/her community.
2. To raise the camper's level of self esteem and self confidence by encouraging responsibility and successful experiences.
3. To develop basic skills by integrating problem solving into "real life" situations.

The information requested on the attached questionnaire as well as information from formal assessments will assist in developing a comprehensive understanding of my camper.

I would appreciate your help in completing the attached form and sending it back to me to be included in my application package. Please also attach any formal assessments you have.

I also give my permission for you to discuss my child's application with a representative of Eureka Outdoor Camp if this is necessary.

Thank you for your help.

Signature of Parent/Legal Guardian

Date