

What I Want My Counselor to Know About Me

(Please print legibly)

Dates at Camp _____

Name (First & Last) _____ Age _____

Where are you from? _____ Have you been to IMC before? _____

What program are you participating in at camp? _____

Do you have any health concerns or allergies?(Yes/No) _____ If yes, what? _____

Do you have any personal concerns about attending camp? _____

Any additional comments? _____

(Parents - your counselor does not have easy access to student health forms. If your child has allergies, is diabetic, has a learning disability, etc... this is the best place to give the counselor access to necessary information.) This information will be kept confidential. Please return this form with your completed health form in advance of your arrival at camp to:

INTERNATIONAL MUSIC CAMP, 111-11th Ave SW, Suite 3, Minot, ND 58701 (before May 15)

INTERNATIONAL MUSIC CAMP, 10834 Peace Garden Drive, Dunseith, ND 58329 (after May 15)