



Camp Opportunity, Inc.
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Camper Referral Sheet (to be filled out by a social worker or other professional resource)

Camper's Name: _____ Parent's Name: _____

Address: _____

Phone Number: _____

Referring Resource's Name: _____

Title: _____

Organization: _____

Address: _____

Phone Number: _____

Has the child been abused and or neglected or
is there abuse or neglect against the child suspected? Yes _____ No _____

Are there any specific behaviors or concerns that our staff should be aware of? _____

Why do you feel that the child could benefit from Camp Opportunity? _____

Are there any family issues at this time that we should be aware of? _____

How do you feel these issues should be addressed should it come up at camp? _____

Does the child have a mental health diagnosis that we should be aware of? _____

Does the child have any emotional or physiological issues that we should be aware of? _____

How does the child respond to discipline or being redirected? _____

What types of strategies do you suggest when working with this child? _____

Do you know of any allergies (including food) or special medical needs? _____

Are there specific guidelines for these needs? _____

Who is the child's primary care physician?

Name: _____ Phone Number: _____

Who should be contacted in the case of an emergency?

Name: _____ Phone Number: _____

As a professional resource for this child do you verify that the information that you have provided is factual based on your knowledge of the child? Yes _____ No _____

By answering yes to this question, you are ensuring that the information that you have provided is truthful and are confirming to the best of your ability that the child meets the criteria for our program.