



**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: \_\_\_\_\_

In your professional opinion, does this child have a history or suspected history of child abuse and/or neglect?  
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? \_\_\_\_\_

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

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How does the child respond to discipline or being redirected? \_\_\_\_\_

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

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

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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.