

KidSalt Special Needs Report Form

Church Name:

Week of camp:

Student Name	Summary of Needs	Chaperone Name/Cell Phone

Student Name	Summary of Needs	Chaperone Name/Cell Phone

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Please make sure you provide a chaperone's name and cell phone number that will be on-call during your week at camp in case of emergencies for each student listed.

PLEASE RETURN THIS FORM AT LEAST TWO WEEKS BEFORE YOU ARRIVE AT CAMP.