

JEWISH FAMILY SERVICE ASSOCIATION OF CLEVELAND



Campership Therapist Form

I give my child's therapist permission to release any and all information relative to my child.

Parent Name (Please print) _____ Parent Signature _____ Date _____

Student Name (Please print) _____ Date of Birth _____

Address, City _____ Home Phone _____

Name of Current School _____ Current Grade _____

TO THERAPIST

The student listed above has applied for a three or four-week overnight camp experience, guided by two college age counselors and several administrative staff. Please return this form to Ichernomorets@jfsa-cleveland.org

Therapist Name (Please print) _____ Therapist Signature _____ Date _____

Therapist Phone _____ Therapist email _____

Do you have any concerns about this child attending a three or four week overnight summer camp experience? If yes, please explain:

What supports would you suggest to ensure a successful summer at camp?

Would you recommend continuing therapy sessions during camp? Yes () No ()
If yes, can the camp contact you to arrange virtual therapy sessions during camp? Yes () No ()

Is there anything else we should know for this client to have a successful summer at camp?

JFSA **empowers** youth and **strengthens** the role teens and young adults play in our **community**.

29125 CHAGRIN BLVD | PEPPER PIKE, OH 44122 | 216.292.3999 | JFSA-CLEVELAND.ORG