

St. Clair County Community Mental Health Authority
Camp Attendance Log

Name of Camp: _____ CPT Code: _____

Name of Individual Attending Camp: _____ Case #: _____

This is to certify that the above named individual attended camp on the following days:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

While at camp, the above named individual participated in the following activities:

- | | | |
|---------------------------------------|---|--------------------------------|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Crafts | <input type="checkbox"/> Walks |
| <input type="checkbox"/> Beach | <input type="checkbox"/> Camp Fire | <input type="checkbox"/> Rest |
| <input type="checkbox"/> Quiet Time | <input type="checkbox"/> Social Interaction | <input type="checkbox"/> Games |
| <input type="checkbox"/> Other: _____ | | |

Signature/Job Title within Organization

Date

Guardian's Signature

Date

Please indicate satisfaction with services: ☐ Yes ☐ No