

St. Clair County Community Mental Health
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:

- Swimming Crafts Walks
- Beach Camp Fire Rest
- Quiet Time Social Interaction Games
- Other: _____

Signature/Job Title within Organization

Date

Guardian's Signature

Date

Please indicate satisfaction with services: Yes No