Overnight Camp Business Guide

Homesickness support note

Add your details and work through this sheet with your team.

Camp / programme	Prepared by	Date

Participant

ID

What they said

Their words

Immediate needs checked

Food, rest, privacy, conflict, other relevant needs

Support offered

Action

Participant's preference

Words

Family or lead contact

Time and facts

Next check

Time and person

Escalation or departure plan if needed

Reviewed plan