



Camper Questionnaire

Camper #2 Information

Name: _____ Birth Date: _____ Weight _____ Lbs

Medication needed while staying with us (Please list names of medications and detailed dispensing instructions)

Previous Injuries we should be aware of: _____

Limitations or special needs while in our care:

Camper #3 Information

Name: _____ Birth Date: _____ Weight _____ Lbs

Medication needed while staying with us (Please list names of medications and detailed dispensing instructions)

Previous Injuries we should be aware of: _____

Limitations or special needs while in our care:
