

**New Camper Info Sheet**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

Normal Temperature (In Fahrenheit)
---------------------------------------

Mother/Legal guardian name and phone (please print):

\_\_\_\_\_

Father/Legal guardian name and phone (please print):

\_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

Medical condition: \_\_\_\_\_

Immunizations: up to date? \_\_\_\_\_

Last tetanus: \_\_\_\_\_

Insurance: \_\_\_\_\_

Primary physician: \_\_\_\_\_

Disabilities/Illness/Equipment: \_\_\_\_\_

History of serious injury or surgery: \_\_\_\_\_

Is it okay to give Benadryl, Ibuprofen, Tylenol, Anti-itch cream, antibiotic ointment as needed?

Parent/Guardian Signature: \_\_\_\_\_