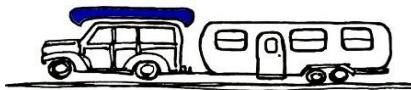


AMERICAN WANDERER



Camper Questionnaire

Camper name _____

Swimming experience (circle one): Non Swimmer Beginning Swimmer Competent Swimmer

Lake Experience YES NO River Experience YES NO

Is there a history of:

Asthma/Respiratory: YES NO

Sleep Disorders: YES NO

Sinus issues: YES NO

Ear infections: YES NO

Head injury: YES NO

Headaches: YES NO

Stomach issues: YES NO

Heart problems: YES NO

Seizures/Epilepsy: YES NO

Sleep-walking: YES NO

Behavioral issues: YES NO

Food Allergies: YES NO

Allergies: YES NO

Physical Problems: YES NO

Bed Wetting: YES NO

Depression: YES NO

Menstrual Issues: YES NO

Eating disorder: YES NO

Nervousness/Anxiety: YES NO

Skin/Sun issues: YES NO

Please explain any of the above "yes" answers:

Special Dietary Needs Such As Vegetarian, Gluten-free, Lactose Intolerant or Other:

List any medical problem being currently treated:

Any other conditions being treated:

Parent's Signature _____ Date _____