

# Hunting Camp Questionnaire

Please answer these questions to the best of your ability. They will help us keep the camp running smoothly. Thank you!

- **Camp Participant:** \_\_\_\_\_
- Are you allergic to foods, medications, or environmental agents? (If yes, please describe.)
  - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have any dietary restrictions?
  - \_\_\_\_\_  
\_\_\_\_\_
- Are there any medical conditions affecting your ability to hunt or participate in camp? (If yes, please explain.)
  - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Please list who we should contact in an emergency—name and phone number of contacts.
  - \_\_\_\_\_  
\_\_\_\_\_

**\*\*This information is only for camp directors\*\***