



## CAMPER PROFILE July 13-17, 2015

PHOTO OF CAMPER  
(REQUIRED)

Can be emailed to  
infoutah@lungs.org

Name of Camper \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Age by Camp: \_\_\_\_\_ Birthday: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

*Help us get to know you better*

### HOME AND FAMILY:

1) Name of Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

2) Name of Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

3) # of Brothers: \_\_\_\_\_ Do any of them have asthma? Y / N

4) # of Sisters: \_\_\_\_\_ Do any of them have asthma? Y / N

5) Do you live with one or both parents? Both / Mother / Father / Neither

6) Do you have pets at home? Y / N If so, what kinds of pets do you have?

\_\_\_\_\_  
\_\_\_\_\_

### ABOUT CAMP:

1) How did you hear about Camp Wyatt? \_\_\_\_\_

2) Have you attended Camp Wyatt before? Y / N # of times \_\_\_\_\_

3) Have you attended other types of camp? Y / N

4) Describe your other camp experiences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) In General, what do you expect from Camp Wyatt?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ABOUT YOURSELF:

1) Which words describe you the best:

Athletic \_\_\_ Artistic \_\_\_ Cheerful \_\_\_ Team Worker \_\_\_ Leader \_\_\_ Worker \_\_\_

Fun \_\_\_ Shy \_\_\_ Happy \_\_\_ Laid back \_\_\_ Night Owl \_\_\_ Early Riser \_\_\_ Friendly \_\_\_

Talker \_\_\_ Jokester \_\_\_ Quiet \_\_\_ Enthusiastic \_\_\_ Other \_\_\_\_\_

2) What is your favorite physical activity? \_\_\_\_\_

3) List your hobbies, interests & talents:

---

---

4) Do you know how to swim? Y / N      Have you ever had swimming lessons? Y / N

5) Who is your favorite movie star? \_\_\_\_\_

6) Who is your favorite Super Hero or Fairy Tale character? \_\_\_\_\_

7) Where is your favorite place you have been on vacation or for fun (Example: Lagoon, St. George, Bear Lake, etc.)? \_\_\_\_\_

8) Where do you attend school? \_\_\_\_\_ What grade? \_\_\_\_\_

9) What is your favorite subject in school? \_\_\_\_\_

10) Anything else you would like us to know about you?

---

---

## ABOUT YOUR HEALTH:

1) Do you take medication daily to help control your asthma? Y / N

2) Name of medication(s):

---

---

3) Have you attended classes/educational programs about asthma before? Y/N

When? \_\_\_\_\_ Where? \_\_\_\_\_

4) Do you have other health problems that may affect your ability to participate in camp activities?

---

---

5) Do you take daily peak flow measurements? Y / N

6) Do you use a spacer/chamber when taking your inhaler(s)? Y / N

7) Do you have an Asthma Action Plan? Y / N