**Camper Medical Report**

**Name**

Brady, Mike

**Date of Birth**

04/01/2008

**Gender:**

Male

**Cabin**

Red

**Diagnoses/Medical Conditions**

Anxiety, Asthma, Depression,

**Medications**

Zoloft 150mg

**Allergies**

Leather

**Dietary Preferences/Restrictions**

None Reported

**Special Needs/Accommodations/History**

Needs a place to go fart.

**Emergency Contact Information**

Name: Carol Brady Relationship: Mother Phone: 419-366-4995

**Camper Medical Report**

**Name**

Brown, Oda Mae

**Date of Birth**

12/01/2005

**Gender:**

Female

**Cabin**

Unassigned

**Diagnoses/Medical Conditions**

None Reported

**Medications**

None Reported

**Allergies**

None Reported

**Dietary Preferences/Restrictions**

None Reported

**Special Needs/Accommodations/History**

None Reported

**Emergency Contact Information**

**Camper Medical Report**

**Name**

Bunker, Edith

**Date of Birth**

12/25/2004

**Gender:**

Female

**Cabin**

Unassigned

**Diagnoses/Medical Conditions**

None Reported

**Medications**

None Reported

**Allergies**

None Reported

**Dietary Preferences/Restrictions**

None Reported

**Special Needs/Accommodations/History**

None Reported

**Emergency Contact Information**

**Camper Medical Report**

**Name**

Coffey, John

**Date of Birth**

02/27/2007

**Gender:**

Male

**Cabin**

Red

**Diagnoses/Medical Conditions**

None Reported

**Medications**

None Reported

**Allergies**

None Reported

**Dietary Preferences/Restrictions**

None Reported

**Special Needs/Accommodations/History**

None Reported

**Emergency Contact Information**

**Camper Medical Report**

**Name**

Dawson, Jack

**Date of Birth**

09/05/2006

**Gender:**

Male

**Cabin**

Red

**Diagnoses/Medical Conditions**

None Reported

**Medications**

None Reported

**Allergies**

None Reported

**Dietary Preferences/Restrictions**

None Reported

**Special Needs/Accommodations/History**

None Reported

**Emergency Contact Information**

**Camper Medical Report**

**Name**

DeWitt Bukater, Rose

**Date of Birth**

12/15/2006

**Gender:**

Female

**Cabin**

Unassigned

**Diagnoses/Medical Conditions**

None Reported

**Medications**

None Reported

**Allergies**

None Reported

**Dietary Preferences/Restrictions**

None Reported

**Special Needs/Accommodations/History**

None Reported

**Emergency Contact Information**

**Camper Medical Report**

**Name**

Gibbler, Kimmy

**Date of Birth**

05/03/2010

**Gender:**

Female

**Cabin**

Unassigned

**Diagnoses/Medical Conditions**

None Reported

**Medications**

None Reported

**Allergies**

None Reported

**Dietary Preferences/Restrictions**

None Reported

**Special Needs/Accommodations/History**

None Reported

**Emergency Contact Information**

**Camper Medical Report**

**Name**

Mann, Terrance

**Date of Birth**

06/01/2010

**Gender:**

Male

**Cabin**

Unassigned

**Diagnoses/Medical Conditions**

Autism Spectrum Disorder

**Medications**

None Reported

**Allergies**

None Reported

**Dietary Preferences/Restrictions**

None Reported

**Special Needs/Accommodations/History**

None Reported

**Emergency Contact Information**

**Camper Medical Report**

**Name**

Ricardo, Lucy

**Date of Birth**

03/03/2007

**Gender:**

Female

**Cabin**

Unassigned

**Diagnoses/Medical Conditions**

None Reported

**Medications**

None Reported

**Allergies**

None Reported

**Dietary Preferences/Restrictions**

None Reported

**Special Needs/Accommodations/History**

None Reported

**Emergency Contact Information**

**Camper Medical Report**

**Name**

Wheat, Sam

**Date of Birth**

06/09/2005

**Gender:**

Male

**Cabin**

Unassigned

**Diagnoses/Medical Conditions**

None Reported

**Medications**

None Reported

**Allergies**

None Reported

**Dietary Preferences/Restrictions**

None Reported

**Special Needs/Accommodations/History**

None Reported

**Emergency Contact Information**