

CAMPER HEALTH HISTORY FORM



CHILD'S NAME: _____

DOB

Gender

Parent/Legal Guardian Information:

Name Phone Number

Address Email

EMERGENCY CONTACT _____
(Other than Parent/Guardian) Phone Number

Additional Persons Authorized for Pick Up (First & Last Name)

Primary Care Physician: _____
Phone Number

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric or behavioral of which we need to be aware?

NO YES, Explain: _____

Are there any allergies, medications, dietary restrictions or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, Explain: _____

Camper's School: _____

Immunization: Does the Camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? NO Date of Last Tetanus shot: _____

YES, List: _____

Parent or Legal Guardian's Signature

Date