

CAMPER HEALTH HISTORY

Child's Name: \_\_\_\_\_

The following information is required:

1<sup>st</sup> Emergency Contact

(Parent or Legal Guardian): \_\_\_\_\_ Phone #: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact

(other than parent above): \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

HEALTH INFORMATION

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?    Yes                      No            (please circle one)

If Yes, please explain:

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

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is both safe and positive?

Please circle one:                      YES                      NO

If YES, please explain:

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

IMMUNIZATION INFORMATION

For campers who reside within the United States, A United States territory, or the District of Columbia:

State/territory in which child resides: \_\_\_\_\_

Is this child exempt from any immunizations? (please circle one)    YES                      NO

If YES, please list them:

\_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_