

HEALTH INFORMATION FORM

Camper Name _____ Birth Date _____
Gender _____ Age _____ Parent/Guardian _____
Home Phone _____ Mobile Phone _____
Alternate Phone _____
Address _____
Email _____

If not available in an emergency, notify:

Name _____ Home Phone _____
Mobile Phone _____ Alternate Phone _____
Family Doctor _____ Phone _____
Family Dentist _____ Phone _____
Date of last physical examination _____

Does the child have any allergies (food, drugs, plants, insects, etc.)? No Yes If yes, explain:

Does your child have medical conditions that we should be aware of (e.g. asthma): No Yes If yes, explain: _____

Are there any restrictions or limitations for your child during camp? No Yes If yes, explain:

Medical/Hospital Insurance:

Carrier _____

Policy/Group # _____

By signing my name below, I acknowledge that I have read and understood the Medical Release and Consent to Treatment document.

Signed _____

Relationship to minor _____ Date _____