

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact (Parent or Legal Guardian):

_____ Phone: _____

2nd 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? NO

YES, 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 positive? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

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

1. State/territory in which child resides: _____

2. Is this child exempt from any immunizations? NO YES, List them:

For campers who reside outside the United States, a United States territory, or the District of Columbia:

1. Country in which child resides: _____

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____