

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact

(Parent or Legal Guardian): _____ Phone: _____

Cell: _____

2nd Emergency Contact

(Other than Parent Above): _____ Phone: _____

Cell: _____

Child's Physician: _____ Phone: _____

Is child staying with someone other than his/her legal parent/guardian for the camp session?

Yes No

If yes, who should be contacted first in case of emergency?

(Person must be listed as an emergency contact above)

Name: _____ Relationship to Camper: _____

HEALTH INFORMATION:

(If more space is needed below, please use back of sheet or attach another sheet)

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? No

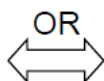
YES, Explain: _____

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:



For campers who reside **outside** 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: _____

1. Country in which child resides:

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

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