

Camper Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone #: _____

Dietary Restrictions: _____

Current Medications: _____
(Staff may not administer any medication)

Special Behavioral Needs: _____

Other Pertinent Medical Information: _____

Physician: _____ Phone: _____

Insurance Carrier: _____ Policy/Group #: _____

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities unless otherwise noted.

Signature of parent/guardian: _____ Date: _____

