

# Summer Camp Health Form

Camp Name/Date(s): \_\_\_\_\_

The health form is kept confidential and used by our health services staff (or emergency medical personnel). **Every camper needs a completed health form to participate in any summer camp programs. Please fill out this form as completely as possible.** Thank you!

## SECTION I – BASIC CONTACT INFORMATION

Camper Name \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Day Phone is  Home  Work  Cell Night Phone is  Home  Work  Cell

Parent/Guardian #2 Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Day Phone is  Home  Work  Cell Night Phone is  Home  Work  Cell

Additional Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

(In case we can't reach YOU)

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Day Phone is  Home  Work  Cell Night Phone is  Home  Work  Cell

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist/Orthodontist Name \_\_\_\_\_ Phone \_\_\_\_\_

## SECTION II – INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? Yes No

If yes, indicate Insurance Carrier \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

**SECTION III – ALLERGIES**

Camper does not have any Allergies  
Camper is allergic to

1. Hay Fever 2. Poison Ivy/Oak 3. Insect Stings 4. Food 5. Penicillin 6. Other Drugs 7. Other  
List allergy. Describe reaction and treatment

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**SECTION IV – IMMUNIZATIONS**

*Please attach your child's immunization records to this document.*

**SECTION V – AUTHORIZATION**

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Parent or Guardian X\_\_\_\_\_ Date\_\_\_\_\_