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: _____________

DHMH-4768 (1/15)