



Camper Health History

Child's name _____

The following information is required:

Emergency Contacts

1. Parent or Legal Guardian _____ Phone _____
2. Other than parent above _____ Phone _____
3. 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?
Yes No If Yes, explain below.

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?
Yes No If Yes, explain below.

Immunization Information

- A. For campers who reside *within* the United States, a United States territory, a United States territory, or the District of Columbia:
 1. State/territory in which child resides _____
 2. Is this child exempt from any Immunizations? Yes No If yes, list below.

- B. For campers who reside *outside* the United States, a United States territory, a United States territory, or the District of Columbia:
 1. County in which child resides _____
 2. Attach Department form DHMH-896 (record of vaccination or immunity).

Parent/Legal Guardian Signature _____ Date _____