



Camper Health Form

Child's name: _____

The following information is required:

1st Emergency Contact

(Parent or Legal Guardian Name): _____ Phone: _____

2nd Emergency Contact

(Other than Parent Above): _____ Phone: _____

Child Physician : _____ Phone: _____

HEALTH INFORMATION

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

YES, Explain _____

2. Is 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 FORM

For campers who reside **within** the United States, a United State Territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunization? NO
 YES, List them _____

For campers who reside **outside** the United States, a United State 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 Signature: _____ Date: _____