

# Health Information Form

Please provide the information requested. Use the back of form if needed. Type or print neatly.

Thank You.

Camper's Name \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone \_\_\_\_\_

Name of 2<sup>nd</sup> Parent/guardian \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone \_\_\_\_\_

In case of emergency – name of person and contact info, if different from above:

\_\_\_\_\_

Is camper covered by a health insurance policy? \_\_\_\_\_

Does your camper have any medical or other condition which should be brought to our attention?

If so, describe:

Will your camper be taking any medication or be under a doctor's care during his/her stay at camp? If yes, please describe and detail action, if any, which must be followed by camp staff.

Does your camper have any special dietary needs which should be brought to our attention?

Does your camper have any limitations on physical exercise or activity?

Ideas for extracurricular activities;

If you will be staying during the week, would you be willing to assist with activities?