



# Summer Camp Health Form



The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp.

**Provide complete information so that the camp can be aware of your needs.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade entering in fall \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street Address City State Zip

Gender:  Male  Female  
Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(if different from above) Street Address City State Zip

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Father/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

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

**If Not Available in an emergency, notify** \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Insurance Information  
Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_  
Is the participant covered by family dental insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

**Photocopy of front and back of health insurance card must be attached to this form**

**ALLERGIES (List all known.) Describe reaction and management of the reaction.**  
**Medication allergies (list)**

\_\_\_\_\_  
\_\_\_\_\_

**Food Allergies (list)**  
\_\_\_\_\_  
\_\_\_\_\_

**Other Allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.**  
\_\_\_\_\_  
\_\_\_\_\_

**Other medical conditions or concerns you would like camp to know about:** \_\_\_\_\_  
\_\_\_\_\_

***\*Important – This information must be complete in order to attend camp.\****

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**\*If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed before attending camp.**

