

**CAMPER HEALTH HISTORY**

Child's Name: \_\_\_\_\_

The following information is required:

1<sup>st</sup> Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> 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:



For campers who reside **outside** 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Country in which child resides:

\_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_