

CAMPER HEALTH HISTORY  
(campers 6-14)

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

**The following information is required:**

Child's Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

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: \_\_\_\_\_

**HEALTH INFORMATION:**

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?      YES or 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?      YES or 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: \_\_\_\_\_