

Youth Camp Health History

Camper

Child's Name: _____

Current Residence: _____

**EMERGENCY CONTACT INFORMATION:
REQUIRED—PLEASE STAR PREFERRED METHOD OF COMMUNICATION**

Emergency Contact (Parent or Legal Guardian): _____ Phone: _____
Email: _____

2nd Emergency Contact (Other than Parent Above): _____ Phone: _____
Email: _____

Primary Care Physician or other provider of medical care: _____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

YES, Explain: _____

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:

Must list current residence above.

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental guardian objection or medical contraindication? NO

YES, List: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity or Department form MDH-896.

Parent or Legal Guardian's Signature

Date