

COMPLIMENTARY HEALTH & EMERGENCY CONTACT FORM

PARTICIPANT'S PERSONAL INFORMATION

Name _____ Birthdate _____ Sex _____ Age _____
Last First MI

Parent or Guardian (or spouse)

Name _____ Phone _____
Last First MI Area/Number

Second Parent or Guardian Emergency Contact

Name _____ Phone _____
Last First MI Area/Number

If not available in an emergency, notify:

Name _____ Phone _____
Last First MI Area/Number

PARTICIPANT HEALTH HISTORY INFORMATION:

Health History (date diagnosed)			
_____ Frequent Ear Infections	_____ Chicken Pox	_____ Diabetes	_____ Mononucleosis
_____ Bleeding/Clotting Disorder	_____ Measles	_____ Asthma	_____ Meningitis
_____ Frequent Sore Throats/Strep	_____ Mumps	_____ Seizures	_____ Autoimmune Disease
_____ Hand, Foot, Mouth Disease	_____ German Measles	_____ Heart Defect/Disease	_____ Tuberculosis
Allergies (please specify)		Immunizations	
Drug _____		_____ Tetanus (last date)	
Environmental/Food _____		_____ Other, please specify	

Chronic or recurring illness or medical condition (not noted above) _____

Any treatment to be continued at camp _____

Any medically prescribed meal plan or dietary restrictions (*please notify camp staff two weeks prior to arrival*) _____

Activities to be discouraged or limited _____

Additional health information _____

Describe any physical condition, medications or allergies that require special consideration _____

Current medications (Send with instructions in original container) _____

Signature of Participant _____ Date _____

Signature of minor Participant's parent/legal guardian _____ Date _____