

**YOUTH CAMP HEALTH HISTORY**

**CAMPER**

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

Current residence: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact (Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact (Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician or other provider of medical care: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?

NO

YES, and youth camp participation was discussed with the camper's healthcare provider.

Explain health problems and any considerations:

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

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 or 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 on Department form MDH-896.

\_\_\_\_\_

Parent or Legal Guardian's Signature

Date