

YOUTH CAMP – HEALTH HISTORY FORM

Participant's Name: _____ Date of Birth: _____

Current Address: _____

EMERGENCY CONTACT / AUTHORIZED PICKUP INFORMATION

Please note that only individuals listed on this form will be allowed to pick up your child from camp, and that they must show ID each day when picking up. Additional names and phone numbers aside from the three below can be added to the back of this form.

Emergency Contact

(Parent or Legal Guardian) _____ Phone #: _____

2nd Emergency Contact

(other than name listed above) _____ Phone #: _____

3rd Emergency Contact

(other than name listed above) _____ Phone #: _____

Primary Care Physician

(or other medical care provider) _____ Phone #: _____

HEALTH INFORMATION

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? ☐ NO ☐ YES (explain below, use back of form as needed)

Are there any medications, dietary restrictions, allergies, or special needs that we should be aware of to ensure your child's camp experience is positive? ☐ NO ☐ YES (explain below, use back of form as needed)

Please note that ANY medication brought in will require additional forms with a doctor's signature.

IMMUNIZATION INFORMATION

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 (explain below, use back of form as needed)

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/Guardian Signature: _____ Date: _____