

## Summer Camp Information

### Child's Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling(s) participating in camp: \_\_\_\_\_

### Health Information

Primary Care Physician or other provider of medical care:

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware of?  No  Yes, Explain:

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

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of?  No  Yes, Explain:

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

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/Guardian #1 Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_ - \_\_\_\_ Work Phone: ( ) \_\_\_\_ - \_\_\_\_

Relationship:  Mother  Father  Guardian  Other: \_\_\_\_\_

**Parent/Guardian #2 Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_ - \_\_\_\_ Work Phone: ( ) \_\_\_\_ - \_\_\_\_

Relationship:  Mother  Father  Guardian  Other: \_\_\_\_\_

**Emergency Contacts/Authorized Pick-Up Persons:**

Use this area to list any individual(s) we may contact in an emergency and/or you authorize to pick up your child at the end of a session in the event that you are unable to do so.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_ - \_\_\_\_

Cell Phone: ( ) \_\_\_\_ - \_\_\_\_

Work Phone: ( ) \_\_\_\_ - \_\_\_\_

Work Phone: ( ) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_ - \_\_\_\_

Cell Phone: ( ) \_\_\_\_ - \_\_\_\_

Work Phone: ( ) \_\_\_\_ - \_\_\_\_

Work Phone: ( ) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_ - \_\_\_\_

Cell Phone: ( ) \_\_\_\_ - \_\_\_\_

Work Phone: ( ) \_\_\_\_ - \_\_\_\_

Work Phone: ( ) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian's Signature Date