

HEALTH & EMERGENCY CONTACT FORM

Participant's personal information

Name _____ Birth date _____ Sex ____ Age _____
Last First MI

Address _____ phone # _____

First emergency contact

Name _____ Home phone _____
Last First MI

Cell phone _____

Second emergency contact

Name _____ Home phone _____
Last First MI

Cell phone _____

Participant Health History Information: please mark yes or no, if yes please say when

_____ Frequent Ear Infections	_____ Chicken Pox	_____ Diabetes	_____ Mono
_____ Bleeding/clotting disorder	_____ Measles	_____ Asthma	_____ Meningitis
_____ Frequent Sore Throats/strep	_____ Mumps	_____ Seizures	_____ Autoimmune disease
_____ Hand, Foot, Mouth disease	_____ German Measles	_____ Heart defect	_____ Tuberculosis
_____ Heart disease			

Allergies (please specify)

Drug _____

Immunizations

_____ Tetanus (last date)

_____ other, please specify

Environmental/Food _____

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) _____

Health Insurance Company _____ ID number _____

Name of policy holder _____ Group number _____

You have my permission to seek medical treatment.

Signature of Participant _____ Date _____

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