



Camper's Age: _____

Camper Health Form

Parent: Please fill out for EACH child attending camp

Please provide the following information that will help our staff to provide the best care for your child. All information is confidential. **Complete both sides of form.**

SECTION 1 – for all campers

Camper's Name: _____

Physician's Name: _____ Physician's Phone: _____

Does your child have any physical limitations? If yes, please specify: _____

Does your child use special medical equipment? If yes, please specify: _____

Allergies: _____ (if allergic to bees, please send
bee sting kit)

Special instructions for medical care: _____

Operations/other serious illnesses: _____

Is there anything special you do at night to help your child sleep?

My child has (Please check all that apply):

asthma bedwetting/sleep problems Broviac/Port

seizures memory problems prosthesis

diabetes ADD/ADHD ostomy

other medical problems (describe): _____

My child has had: chicken pox measles

Immunizations: up to date not up to date

COVID Vaccine dates: _____

Date of last tetanus shot (required): _____

