

COMPLIMENTARY HEALTH & EMERGENCY CONTACT FORM

PARTICIPANT'S PERSONAL INFORMATION

Name _____ Birthdate _____ Sex _____ Age _____

Last First MI

Parent or Guardian (or spouse)

Name _____ Phone _____

Last First MI Area/Number

Second Parent or Guardian Emergency Contact

Name _____ Phone _____

Last First MI Area/Number

If not available in an emergency, notify:

Name _____ Phone _____

Last First MI Area/Number

PARTICIPANT HEALTH HISTORY INFORMATION:

Health History (date diagnosed)

_____ Frequent Ear Infections _____ Chicken Pox _____ Diabetes _____ Mononucleosis

_____ Bleeding/Clotting Disorder _____ Measles _____ Asthma _____ Meningitis

_____ Frequent Sore Throats/Strep _____ Mumps _____ Seizures _____ Autoimmune Disease

_____ Hand, Foot, Mouth Disease _____ German Measles _____ Heart Defect/Disease _____ Tuberculosis

Allergies (please specify) Immunizations

Drug _____ 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) _____

Signature of Participant _____ Date _____

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