

Health Information Form

Please provide the information requested. Use the back of form if needed. Type or print neatly.

Thank You.

Camper's Name _____

Name of parent/guardian _____

Home Phone: _____ Work phone _____

Name of 2nd Parent/guardian _____

Home Phone: _____ Work phone _____

In case of emergency – name of person and contact info, if different from above:

Is camper covered by a health insurance policy? _____

Does your camper have any medical or other condition which should be brought to our attention?

If so, describe:

Will your camper be taking any medication or be under a doctor's care during his/her stay at camp? If yes, please describe and detail action, if any, which must be followed by camp staff.

Does your camper have any special dietary needs which should be brought to our attention?

Does your camper have any limitations on physical exercise or activity?

Ideas for extracurricular activities;

If you will be staying during the week, would you be willing to assist with activities?