CAMPER HEALTH HISTORY

Child's Name:	
The following information is required:	
1 st Emergency Contact (Parent or Legal Guardian):	Phone:
2 nd Emergency Contact (Other than Parent Above):	Phone:
Child's Physician:	Phone:
HEALTH INFOR	RMATION:
 Are there any health problems including phywhich we need to be aware? 	
☐ YES, Explain:	
Are there any medications, dietary restriction be aware of to ensure that your child's camp ☐ YES, Explain:	experience is positive?
IMMUNIZATION INF	For campers who reside outside the
United States, a United States territory, or the District of Columbia:	United States, a United States territory, or the District of Columbia:
1. State/territory in which child resides:	1. Country in which child resides:
2. Is this child exempt from any immunizations? [] NO [] YES, List them:	2. Attach Department form DHMH-896 (record of vaccination or immunity)
Parent or Legal Guardian's Signature:	Date: