CAMPER HEALTH HISTORY

Child’s Name: __________________________________________

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): ___________________________ Phone: ___________________________

2nd Emergency Contact
(Other than Parent Above): ___________________________ Phone: ___________________________

Child’s Physician: ___________________________ Phone: ___________________________

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? □ NO □ YES, Explain: __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child’s camp experience is positive? □ NO □ YES, Explain: __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

I hereby give authorization to any adult senior staff member of HoopEd to provide first aid, emergency medical treatment as well as give permission to ride along in an ambulance if need be when care is necessary from participating at camp.

I authorize medical treatment to be provided to my child (please circle one):  Yes  No

Parent/Guardian Signature: __________________________________________

Date: ______________