CAMPER HEALTH HISTORY

Child's Name:	
The following information is required:	
1st Emergency Contact (Parent or Legal Guardian):	Phone:
2 nd Emergency Contact (Other than Parent Above):	Phone:
Child's Physician:	Phone:
HEALTH INFO	DRMATION:
 Are there any health problems including ph which we need to be aware? □ N 	
☐ YES, Explain:	
Are there any medications, dietary restrictions be aware of to ensure that your child's carr	ons, allergies, or special needs that we need to np experience is positive?
☐ YES, Explain:	
IMMUNIZATION IN	NFORMATION:
For campers who reside within the United States, a United States territory, or the District of Columbia:	For campers who reside outside the 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: