

Health History Form



A copy of your child's most recent immunization record MUST accompany this form.

Camper's Name

Parent/Guardian Name

Telephone Number

Address

Emergency Contact Person

Telephone Number

Date of last medical Exam **dd/mm/yyyy**

Name of Physician & Telephone

List of Immunizations

Date of Last Immunization **dd/mm/yyyy**

Any Current health risks (please mention ailment)

Medicines currently being taken and for what ailment

List any previous medical treatment

Allergies

Dietary restraints (mention any food related restriction)

List any mental or psychological ailment

Parent Signature

Date

Comments

