

CAMPER HEALTH INFORMATION

PLEASE PROVIDE DETAILS FOR EACH CAMPER

Children are not allowed at camp without health information on record.

Camper Name: _____

Allergies?	___ Yes ___ No	<i>If yes, provide details:</i>
Asthma?	___ Yes ___ No	<i>If yes, provide details:</i>
ADHD?	___ Yes ___ No	<i>If yes, provide details:</i>
Anxiety Issues?	___ Yes ___ No	<i>If yes, provide details:</i>
Any medication in child's system during camp?	___ Yes ___ No	<i>If yes, provide details of the medication(s) and indicate whether they are given at home or if they'll need to be administered at camp.</i>
Any restrictions in activity or accommodations needed?	___ Yes ___ No	<i>If yes, provide details:</i>
Special Needs?	___ Yes ___ No	<i>If yes, provide details:</i>
Child has SSA during the School Year?	___ Yes ___ No	<i>If yes, who will accompany child at camp?</i>
Any Other Health Concerns?	___ Yes ___ No	<i>If yes, provide details:</i>