

TEEN HEALTH INFORMATION

PLEASE PROVIDE DETAILS FOR EACH TEEN

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

Teen Name: _____

Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, provide details:</i>
Asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, provide details:</i>
Any medication in teen's system during camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, provide details of the medication(s).</i>
Special Needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, provide details:</i>
Any Other Health Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, provide details:</i>