

## Summer Camp Health Form

\*Confidential - To be completed by parent/guardian\*

Please submit the form at this [link!](#)

### Camper Information:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address:

\_\_\_\_\_

Parent/Guardian Name(s):

\_\_\_\_\_

Phone (Primary):

\_\_\_\_\_

Phone (Alternate):

\_\_\_\_\_

Email Address:

\_\_\_\_\_

### Emergency Contact (Other Than Parent/Guardian)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_

Phone (Alternate): \_\_\_\_\_

### Health Insurance Information

Provider: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

## Medical Information

Please describe any health concerns, medical conditions, allergies, mental/emotional health needs, or anything else our staff should know to care for your child safely and appropriately at camp. Include details such as severity, triggers, and past treatments If applicable.

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## Medications

Will your child take medication during camp? ☐ Yes ☐ No

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

Reason: \_\_\_\_\_

Administered By (☐ Camper ☐ Staff)

Other Medication:

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☐ Medication(s) sent in original packaging with a clear label

☐ I give permission for camp staff to administer these medications as directed

## **Dietary Needs / Restrictions**

☐ No dietary restrictions

☐ Vegetarian

☐ Vegan

☐ Gluten-Free

☐ Lactose-Intolerant

Other: \_\_\_\_\_

Food allergies or sensitivities:

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## **Activity Restrictions**

☐ My child may participate in all camp activities

☐ Restrictions apply - please specify:

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## **Consent & Authorization**

I permit for my child to attend and participate in all camp activities (except those noted).

I authorize trained camp staff to provide basic first aid, administer medications as provided, and seek emergency medical treatment if necessary.

I accept financial responsibility for any medical care required.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_