

# CAMPER HEALTH/MEDICAL INFORMATION

CAMPER NAME:

- Camper has **No Known** allergies (NO Environmental or Food Allergies)
- Camper has the following allergies (check & indicate reaction, medication)
  - Environment: (seasonal allergies, insect bites/stings, poison ivy, etc) \_\_\_\_\_
  - \_\_\_\_\_
  - FOOD: \_\_\_\_\_
  - Other (SPECIFY): \_\_\_\_\_
- Camper is not currently taking any medications (prescription or OTC)
- Camper is currently taking the following medication (please list name & dosage & condition treating):  
\_\_\_\_\_  
\_\_\_\_\_
- Other Info Camp Staff Need to Know:

Date of last tetanus shot:

Camper takes for pain:  Tylenol.  Ibuprofen.

- Camper is in good physical condition, free from contagious diseases & capable of participating in all camp activities.
- Camper has some restrictions - please list: (ex: can't swim/weak swimmer, can't ride a bike) \_\_\_\_\_
- \_\_\_\_\_

HEALTH INSURANCE:

POLICY ID#:

PHYSICIAN NAME & NUMBER:

**EMERGENCY CONTACT INFO**

NAME & RELATION TO CAMPER:

CELL:

NAME & RELATION TO CAMPER:

CELL: