

Camper's First & Last Name

Birth Date (MM/DD/YY)

Male/Female

## Health History Form - Day Camp

**Immunizations**

Provide immunization dates here. Alternatively, provide vaccination history signed by physician.

MenACWY <small>(Grade 7 &amp; 11)</small>	Polio	Hepatitis B	Varicella	MMR	Dtap	TDAP (12+)	COVID-19

**Current Medical Conditions and Treatments**

Please include any health conditions which may affect the individual's activities at camp.

**Recommendations**

List restrictions on the individual whilst at camp

**Medication**

Please list any medication your camper is currently taking. Alternative, provide medication list signed by physician.

Medication Name	Strength	Dose	Frequency	Route

**Allergies**

Please list all allergies

Type of allergy (Drug, Food, Insect, Latex, Polen, Pet, Mold, etc)	Allergy	Is there a risk of anaphylactic reaction?		Will the camper bring rescue med? (i.e. Epi-pen)		Can the camper self-administer rescue med?	
		YES	NO	YES	N/A	YES	NO
		YES	NO	YES	N/A	YES	NO
		YES	NO	YES	N/A	YES	NO
		YES	NO	YES	N/A	YES	NO
		YES	NO	YES	N/A	YES	NO

Name of Parent/ Guardian

Signature of Parent/Guardian

Date

**Thank you for completing this form.**