



Camper's Name

Birth Date

Male/Female

Health History Form - Day Camp

Medications:

Please list any medications your child is currently taking

Allergies:

Please list any allergies your child may have

Current Medical problems and treatments:

Any health conditions or impairments which may affect your child's activities while attending the camp

Recommendations:

List any restrictions on activities your child should have whilst at camp

Name of Parent / Guardian:

Signature:

Date: