

Medical Information



Camper's Name: _____

Date of Birth: _____ Male / Female

Food Allergies: _____

Drug Allergies: _____

Allergic
Conditions: _____

Parent's Name: _____ Email: _____

IMMUNIZATIONS (Please give dates)

DPT		Hepatitis B	
Sabin Polio		Varivax	
Measles		MMR	
Mumps		HIB	
Rubella		Tuberculin Test	
Hayfever		Asthma	

Are there any physical, emotional or health problem of which the camp should be informed?

Is the camper currently under medical treatment? If yes, please specify:

Please give any information about the camper that will help ensure a positive experience:

Physician's Signature: _____ Phone: _____