

# COMPLIMENTARY HEALTH & EMERGENCY CONTACT FORM



## PARTICIPANT'S PERSONAL INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First MI

### Parent or Guardian (or spouse)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First MI Area/Number

### Second Parent or Guardian Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First MI Area/Number

### If not available in an emergency, notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First MI Area/Number

## PARTICIPANT HEALTH HISTORY INFORMATION:

### HEALTH HISTORY (date diagnosed)

_____ Frequent Ear Infections	_____ Chicken Pox	_____ Diabetes	_____ Mononucleosis
_____ Bleeding/Clotting Disorder	_____ Measles	_____ Asthma	_____ Meningitis
_____ Frequent Sore Throats/Strep	_____ Mumps	_____ Seizures	_____ Autoimmune Disease
_____ Hand, Foot, Mouth Disease	_____ German Measles	_____ Heart Defect/Disease	_____ Tuberculosis

### Allergies (please specify)

Drug \_\_\_\_\_  
Environmental/Food \_\_\_\_\_

### Immunizations

\_\_\_\_\_ Tetanus (Last date)  
\_\_\_\_\_ Other, please specify \_\_\_\_\_

Chronic or recurring illness or medical condition (not noted above) \_\_\_\_\_

Any treatment to be continued at camp \_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions (please notify camp staff two weeks prior to arrival) \_\_\_\_\_

Activities to be discouraged or limited \_\_\_\_\_

Additional health information for camp personnel \_\_\_\_\_

Describe any physical condition, medications or allergies that require special consideration \_\_\_\_\_

Current medications (Send with instructions in original container) \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of minor Participant's parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_