

Please Fill In This Health Information Sheet And Return With Your Registration Form

Name of Camper _____ Age _____

Address _____

City _____

State _____ Zip _____

Home Phone _____ Business or other Ph _____

List 2 Persons Who Could Be Contacted in Case Of Emergency

Name _____

Phone (____) _____

City _____ State _____

Name _____

Phone (____) _____

City _____ State _____

Please Fill In The Information Below

My child _____ (name) is free from infectious or communicable disease and I feel that there is no physical or emotional reason why he/she cannot participate fully in a camping program.

Date of camper's last tetanus toxic _____
Month Year

Doctor's Address _____ Phone _____

Doctors Name _____

Is the camper subject to any of the following?

- Ear infections or earache
- Seizures of Fainting spells
- Allergies
- Asthma or hay fever
- Severe or prolonged headaches
- Reaction to shots or medication
- Altitude sickness
- Any other not mentioned that should be noted

(Please explain, on back, any of the conditions checked)