



HF1: CAMPER MEDICAL INFORMATION FORM

CAMP

AGE:

FIRST NAME:

LAST NAME:

NOTE: THIS FORM MAY BE COMPLETED ONLINE. IF COMPLETED ONLINE, DO NOT SEND PRINTED COPY.

Name: _____ Birth date: _____ Gender: _____ Age: _____
Last First

Parent or Guardian: _____

Home Address: _____
Number and Street City/State Zip

Phone: _____
Day Evening Cell

Emergency Contact (In addition to a parent or guardian) _____
(Must be over 18 years of age.)

Relationship to camper: _____

Phone: _____
Day Evening Cell

Camper is covered by the following family medical/hospital insurance.
Insurance: Subscriber _____ Insurance Company _____ Policy # _____

No Known *Please describe what the camper is allergic to and the reaction seen (attach a separate sheet if necessary).*
Allergies: Food
 Medicine
 Environmental
 Other

Regular Diet *Please describe any special food/nutrition needs (attach a separate sheet if necessary).*
Diet: Special Food Needs

I have reviewed the activities at camp and feel the camper can participate without restrictions or adaptations.
Activity: I have reviewed the activities at camp and feel the camper can participate with the following restrictions or adaptations.

Please describe any past or present medical concerns, including any camp activities from which this camper member should be exempted for health reasons, and/or physical, mental, or psychological conditions requiring special restrictions or considerations while at camp:

FOR FEMALE CAMPERS ONLY:

Has this person menstruated? Yes No
If no, has she been told about it? Yes No *If yes, is her menstrual history normal?* Yes No
Special Considerations: