

## 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
<b>Allergies (please specify)</b>		<b>Immunizations</b>	
Drug _____		_____ Tetanus (last date)	
Environmental/Food _____		_____ 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 \_\_\_\_\_

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 \_\_\_\_\_