

Health Form

Camper's Name _____ Birth Date _____ Age At Camp _____ M F

Home Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

(If different from above)

Primary Contact _____ Phone _____

Business Address _____ City _____ Phone _____

Second parent or guardian or emergency contact _____

Address _____ Phone _____

Insurance Company: _____ Policy Number _____

If not available in an emergency, notify:

Name _____

Relationship _____ Phone _____

Health History:

Allergies _____ Tetanus Date: _____

Food Allergies _____

Restrictions _____

Additional Information we should know (past illnesses, behavior, concerns)

Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except at noted.

I here by give permission to the camp to provide routing health care. In the event I cannot be reached in an emergency, I hereby give permission to director to secure and administer treatment, including hospitalization, for the person named above.

I also give permission that any photos taken of the person mentioned above might be used for camp advertising.

Signature of parent /guardian _____

Printed Name _____ Date _____

(Turn Over)

Parents and Campers:

I am interested in learning more about your individual interest in coming to Hart-to-Hart Farm Day Camp. Because of the camp's size, we have a unique opportunity to gear our programs toward each camper's personal interest. Please take a moment and tell me about yourself and what you might want to learn at camp this summer. We look forward to seeing you soon!