

**Youth Camp Health History: Camper**

Child's Name: \_\_\_\_\_

Current Residence: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact

(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Emergency Contact

(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician or

Other provider of medical care: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?

NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?

NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATION INFORMATION:**

**Must list current residence above.**

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a religious belief, parental or guardian objection, and/or medical contraindication?

NO

YES, Explain: \_\_\_\_\_

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date