

YOUTH CAMP HEALTH HISTORY

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:

Please describe any current physical, mental, emotional, social health, developmental or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp:

Please describe any camp activities your camper should be exempted from for health reasons:

Camp participation was discussed with the camper's healthcare provider including considerations related to risk of COVID-19. NO YES

IMMUNIZATION INFORMATION:

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 parental or guardian objection or medical contraindication? NO YES

List: _____

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.

Date of last tetanus shot: ____/____/____

I attest that all immunizations required for school are up to date. NO YES

Parent or Legal Guardian's Signature: _____ Date: _____