CAMPER HEALTH HISTORY

Child's Name:	
The following information is required:	
1st Emergency Contact	
(Parent or Legal Guardian):	Phone:
2 nd Emergency Contact (Other than Parent Above):	Phone:
Child's Physician:	Phone:
HEALTH INFO	RMATION:
Are there any health problems including phy which we need to be aware? □ NO	
☐ YES, Explain:	
be aware of to ensure that your child's cam	
IMMUNIZATION IN	FORMATION:
For campers who reside within the United States, a United States territory, or the District of Columbia:	For campers who reside outside the United States, a United States territory, or the District of Columbia:
1. State/territory in which child resides:	1. Country in which child resides:
2. Is this child exempt from any immunizations? [] NO [] YES, List them:	Attach Department form DHMH-896 (record of vaccination or immunity)
Parent or Logal Cuardian's Cianature	T. C.
Parent or Legal Guardian's Signature:	Date: