

FARM CAMP: EMERGENCY CONTACT & HEALTH INFORMATION

CAMPER INFOR	<u>RMATION:</u>				
Last Name		First Name		D.O.B. (MM/DD/YY)	
Age on First Do	ay of Camp:				
Camper's Prefe	erred Name or Nic	kname <u>;</u>			
SESSION(S) ENF	ROLLED:				
Week of July 8	Week of July 15	Week of July 22	Week of July 29	Week of August 5	
<u>PARENT/GUAR</u>	DIAN INFORMATIC	<u>)N:</u>			
Last Name			First Name		
Relationship to	Child:				
Home Phone:	Cell:	W	ork:	Email:	
EMERGENCY C	ONTACT INFORMA	<u>ATION</u> — In case	parent above co	annot be reached:	
Last Name		Fir	st Name		
Relationship to	Child:				
Home Phone:	Cell:	W	ork:	Email:	

Additional Health Form Information forCamper's Name		
Primary Care Physician Information		
Primary Care Physician's Name:		
Phone Number for Primary Care Physician:		
	YES	NO
Are your child's immunizations up to date?		
Does your child have any physical limitations or health considerations that should be considered during camp? If yes, please provide details below:		
Is your child currently taking any medications? If yes, please provide details below:		
Does your child have any chronic health problem or illness? If yes, please provide details below:		
Does your child have any allergies to medications or local anesthetics? If yes, please provide details below:		
Does your child have any allergies? If yes, please provide details below:		