

Additional Health Form Information for _____
Camper'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:		