

## Health Information Form

Camper Name: \_\_\_\_\_

Parent Name \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Secondary Name \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Allergies:** Camper is allergic to :

Food \_\_\_\_\_

Medicine \_\_\_\_\_

Environment: (insects, stings etc.) \_\_\_\_\_

Please describe what the camper is allergic to and the reaction seen along with precautions and procedures to be taken.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication: Please check one**

\_\_\_\_\_ This camper **will not take** any daily medications while attending camp

\_\_\_\_\_ This camper **will take** any daily medications while attending camp

List any pertinent medication.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anyone taking medication should speak directly to a Letgo Your Mind staff member during check-in.

**Immunization:**

Is your child fully immunized?

Yes \_\_\_\_\_

No \_\_\_\_\_ Please sign below that you understand and accept the risk to your child from not being fully immunized.

Signature: \_\_\_\_\_

**What have We Forgotten to Ask?**

Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Any restrictions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permission to treat authorization:**

In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for the named person.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_