

**Camper Health Form (title)**

**Summer Camp Reading  
Child's Health Information**

Does your child have any health problems? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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

Does your child take any medication? \_\_\_\_\_

If yes, what medication \_\_\_\_\_

Will your child have to take this medication during camp hours?

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

Is there any Camp activity in which your child cannot participate?

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

Is there any other information that will be helpful to camp personnel in meeting your child's needs?

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

+++++

If we cannot contact you at the number listed, I give permission for you to contact the following:

In case of emergency, please contact: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

If not available, contact: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

+++++

My Child \_\_\_\_\_ has my permission to participate in educational tours and field trips offered through Summer Camp Reading. I understand that the campers will always be accompanied by an adult. Notes will be sent home before all tour or field trips and if I wish to have my child excused from this activity, I can call the camp director with this request.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_