



## General Health Form

For:

Please provide the following basic medical information so that we can make your stay as comfortable as possible.

### Contact Information

Name of camper's primary doctor(s)

Doctor's phone

Please provide an emergency contact who will NOT be at camp with you:

Name

Relationship to Camper

Phone

Alt. Phone

### Allergies

For each category, please list what the camper is allergic to and the reaction seen.

Food

Medicine

Environment (insect stings, hayfever, etc)

Other

### Diet & Nutrition

Describe Dietary Restrictions (if any)

### What have we forgotten to ask?

Please provide 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

Signature \_\_\_\_\_

Date \_\_\_\_\_