

**Sound View Camp and Retreat Center**  
**Health History and Medical Information Form – Families**

PARTICIPANT #4 NAME: \_\_\_\_\_  
\*Allergies, medications, special restrictions, or other current health conditions we should know about: \_\_\_\_\_  
\*Food Allergies or Special Dietary Needs: \_\_\_\_\_  
Will you (the adult medical representative from above) be handling medications for this participant?  
 Not Applicable       Yes, I will       Would like camp personnel to handle

PARTICIPANT #5 NAME: \_\_\_\_\_  
\*Allergies, medications, special restrictions, or other current health conditions we should know about: \_\_\_\_\_  
\*Food Allergies or Special Dietary Needs: \_\_\_\_\_  
Will you (the adult medical representative from above) be handling medications for this participant?  
 Not Applicable       Yes, I will       Would like camp personnel to handle

PARTICIPANT #6 NAME: \_\_\_\_\_  
\*Allergies, medications, special restrictions, or other current health conditions we should know about: \_\_\_\_\_  
\*Food Allergies or Special Dietary Needs: \_\_\_\_\_  
Will you (the adult medical representative from above) be handling medications for this participant?  
 Not Applicable       Yes, I will       Would like camp personnel to handle

PARTICIPANT #7 NAME: \_\_\_\_\_  
\*Allergies, medications, special restrictions, or other current health conditions we should know about: \_\_\_\_\_  
\*Food Allergies or Special Dietary Needs: \_\_\_\_\_  
Will you (the adult medical representative from above) be handling medications for this participant?  
 Not Applicable       Yes, I will       Would like camp personnel to handle

PARTICIPANT #8 NAME: \_\_\_\_\_  
\*Allergies, medications, special restrictions, or other current health conditions we should know about: \_\_\_\_\_  
\*Food Allergies or Special Dietary Needs: \_\_\_\_\_  
Will you (the adult medical representative from above) be handling medications for this participant?  
 Not Applicable       Yes, I will       Would like camp personnel to handle

PARTICIPANT #9 NAME: \_\_\_\_\_  
\*Allergies, medications, special restrictions, or other current health conditions we should know about: \_\_\_\_\_  
\*Food Allergies or Special Dietary Needs: \_\_\_\_\_  
Will you (the adult medical representative from above) be handling medications for this participant?  
 Not Applicable       Yes, I will       Would like camp personnel to handle