Health Information for Explorer and Family Camp Participants

1.	Please list the names and addresses of all participants (if the address is the same for each, please list only once)
2.	Please list an emergency contact person and preferred phone number for that person
3.	Please list known allergies or health conditions requiring treatment, restriction or other
	accommodations while on site.
	Name Allergies/Health Conditions
4.	Please list current medications, prescribed and over-the-counter for each individual
	Name Medications
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	Signature Date