

## Health History and Medical Information

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This information is required before arriving at camp. You may access your account at a later time and enter the health information.

### Physician and Dentist/Orthodontist

Camper Physician:

Physician's Phone #:

### Restrictions

List any dietary, activity, or other restrictions that apply to this person:

### Medication

Is this person routinely taking medication including over-the-counter, vitamins, or alternative medication?:

Yes  No

List any medication taken regularly that this person does/may not take while in attendance:

### Allergies

Is this person allergic to:

- Drugs
- Plants
- Insects
- Animals
- Food
- Other

Please explain any checked items:

## History

Is there a history of:

- Asthma
- Convulsions
- Fainting
- Sinusitis
- Diabetes
- Heart Trouble
- Sore Throats
- Bronchitis
- Dietary Needs
- Kidney Trouble
- Stomach Upset
- Other

Please explain any checked items:

Does this person wear an appliance for vision, hearing, dental correction or have a prosthesis?:

Yes  No

If yes, please explain:

Has the attendee been exposed to any communicable diseases within the past 30 days?:

Yes  No

If yes, please explain:

List any additional information about the attendee's behavior and physical, emotional, or mental health that staff should be aware of: