



Summer Camp Health Form

This form must be submitted to the camp office a week before your child's first camp. Keep in mind we will be playing next door at Pathway, as well as having a pizza party. Please mark in detail any possible allergies or health concerns. Thank you!

Name of camper: _____

In case of emergency, call parent here: _____

1. Are there any allergy problems? Yes____ No____ If yes, specify: _____
2. Is a special diet required? Yes____ No____ If yes, specify: _____
3. Is medication taken regularly? Yes____ No____ If yes, specify: _____
4. Mental Growth/Development Normal ____Abnormal____, Explain: _____
5. Physical Limitations (i.e. injuries, impairments, etc.)
Normal____ Abnormal____, Explain: _____

Are there any other special considerations of which we should be aware? (social situations, carpools, etc.):

We value your child's privacy! This health form will be kept confidential, shared only as necessary.



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