

## **Summer Camp Health Form**

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

Nam	e of camper:				
In ca	se of emergency, call parent here	:			
	Are there any allergy problems? s a special diet required?			If yes, specify:	
				If yes, specify:	
	Mental Growth/Development				
5. F	Physical Limitations (i.e. injuries, impairments, etc.)				
		Normal	Abnorm	nal, 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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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:					
<ol><li>Is medication taken regularly?</li></ol>	Yes No If yes, specify:					
<ol><li>Mental Growth/Development</li></ol>	NormalAbnormal, Explain:					
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.