

CAMPER HEALTH HISTORY

Child's Name: _____ Current Residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact 1
(Parent or Legal Guardian): _____ Phone: _____

Emergency Contact 2
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

We want to ensure that your child's camp experience is positive, please check a box for all the following in which we need to be aware:

1. Physical Health Problems: Yes No

If yes, please explain: _____

2. Psychiatric Health Problems: Yes No

If yes, please explain: _____

3. Behavioral Health Problems: Yes No

If yes, explain: _____

4. Does your child take any medications? Yes No

If yes, please explain: _____

5. Does your child have any dietary restrictions? Yes No

If yes, please explain: _____

6. Does your child have any allergies? Yes No

If yes, please explain: _____

7. Does your child have any special needs? Yes No

If yes, please explain: _____

IMMUNIZATION INFORMATION:

Must list current residence above.

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? Yes No

If yes, please list; _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature

Date

SUNSCREEN AT CAMP: Please be sure your child brings labeled sunscreen to camp. Staff can only assist campers with application and re-application if parents sign below and provide the date & brand of sunscreen you are sending to camp.

- Twice each day, sunscreen will be re-applied. For campers who are able, they will apply the sunscreen themselves. For campers who need assistance, trained counselors will assist them as needed. We will supply NOAD Sunscreen to campers who forget sunscreen.
- ***Please check and initial one of the following:***
 - I authorize Tiyul Adventure Camp to help apply sunscreen the family provides as indicated above. If my child forgets sunscreen, I give permission for NOAD Sunscreen to be used: **Initials:** _____
 - I DO NOT authorize Tiyul Camp to help apply sunscreen as indicated above. I understand that if my child forgets sunscreen, they will wait inside until I arrive with sunscreen I prefer my child to use. **Initials:** _____
 - **Today's Date & Brand of Sunscreen you are sending in with your child:**
