

HEALTH FORM

PARTICIPANT: _____
Last First

HOME ADDRESS: _____
Street Address

City State Zip

EMERGENCY CONTACT:
In case of emergency, please notify: _____

Address & Phone Number of emergency contact if different from above:

Relationship to participant: _____

HEALTH INFORMATION:
Date of last Tetanus shot _____

Significant Health Problems or Allergies: _____

Drug Allergies: _____

Medications currently taking: _____

***ATTENTION: You must SUBMIT a copy of YOUR physical (from within the last 12 months) to camp.**

HEALTH INSURANCE:
Insurance Company: _____

Mailing Address: _____

Phone Number: _____ Policy #: _____ Group #: _____

Policyholder's name: _____

Relationship to participant: _____

Please return all forms to your sponsor.