



Health and Information Form

Please complete this form and bring with you to camp.
Please call the camp a week in advance if you have food allergies.

Camper's name _____ Age _____ Date of Camp _____

Parent or Guardian _____ Work phone _____

Home phone _____ Cell Phone _____

Address _____ City _____ Zip _____

In case of emergency, notify _____ Relation _____ Phone _____

Address _____ City _____

Grade Completed _____ Birthday _____ Tshirt Size: YS YM YL S M L XL 2XL 3XL

E-mail _____

Circle One. "Y" indicates Youth Size

Health Information This information must be completed before your child can attend camp.

Tetanus _____ (Date) Communicable skin eruptions or disease? List: _____

Is child subject to: Diabetes _____ Nosebleed _____

Known food allergies such as egg white, milk or peanuts? List: _____

Known allergies to medication? List: _____

Please check all that apply:

Asthma _____ Frequent colds _____ Earache _____ Abscessed ears _____ Headache _____

Stomach upsets _____ Bronchitis _____ Bee stings _____ Fainting _____ Sleepwalking _____

Sore Throat _____ Bedwetting _____ Sinusitis _____ Undue emotional upsets _____

Serious Poisoning: Ivy _____ Oak _____ Sumac _____

List any medication to be taken by camper _____

List any activity restriction _____

Does the camper have any special other need we should know about?

Can Tylenol or Benadryl, be administered if needed? _____

Doctor _____ Phone _____

Name of Insurance _____ Policy # _____

This health information and history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted by me. If I cannot be reached in an emergency I hereby give permission to the physician selected by the Whispering Pines Director to hospitalize, secure proper treatment for, and to order in injections, anesthesia or surgery for the above named child.

Signature _____

(Parents or guardian signature)

(Date)