

## Camp Lackawanna Health Form



Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age/Grade \_\_\_\_\_

Parent/Guardian Name & Relation to Camper \_\_\_\_\_

Contact Phone (\_\_\_\_\_) \_\_\_\_\_ May we text this number? \_\_\_\_ Yes \_\_\_\_ No

Additional contact information: Name & relationship to camper \_\_\_\_\_

Contact Phone (\_\_\_\_\_) \_\_\_\_\_ May we text this number? \_\_\_\_ Yes \_\_\_\_ No

Is the camper under medical care? \_\_\_\_ Yes \_\_\_\_ No If yes, for the following condition(s): \_\_\_\_\_

Allergies (to food, drugs, plants, insects, etc.) \_\_\_\_\_

Current Medications (attach additional sheet if necessary)

Medication	Dose	Frequency	Reason

Dietary Restrictions: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Medical, Emotional, Social health concern: \_\_\_\_\_

Health Care Coverage (company, ID number): \_\_\_\_\_

Immunizations Up to Date? \_\_\_\_ Yes \_\_\_\_ No Date of Last Tetanus Shot \_\_\_\_\_

**Please attach a copy of the complete immunization record to this form, with camper's name noted.**

This section completed by MD, NP, or PA:

Reviewed and Completed by: \_\_\_\_\_ (Printed Name)

Signature: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_ Office # \_\_\_\_\_

\_\_\_\_\_