



The Manor
Montessori
School

YOUTH CAMPER HEALTH HISTORY

Child's Name: _____ Date of Birth: ___/___/___

Home Address: _____

City/State/Zip: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact 1

(Parent or Legal Guardian): _____ Phone: _____

Emergency Contact 2

(Other than Parent Above): _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____ Phone: _____

Name of Person Authorized to Pick Up Child (daily): _____

Relationship to Child: _____ Cell: _____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

YES, Explain: _____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, 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? NO

YES, 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.

Please note: If your child has an allergy or takes medication, we will need an allergy action plan and medication authorization form prior to their attendance at camp.

Parent or Legal Guardian's Signature

Date

MDH-4768 (12/2017)