

# CAMPER HEALTH HISTORY FORM1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

american **CAMP** association®

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp: \_\_\_\_\_  
Month/Day/Year

***To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.***

- 1) Complete **pages 1, 2 and 3** of this form (FORM 1) and submit to Camp Lifeline.
- 2) Complete the top of FORM 2 (page 5) and provide a copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 3) After it has been completed and signed by your child-care provider, return FORM 2 to camp.

Camper Name  
First

Middle

Last

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

**Second parent/guardian or other emergency contact:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

**Additional contact in event parent(s)/guardian(s) can not be reached:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Preferred Phones: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_