

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 make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top MC 282.95999 664.140s3Tm 69000..02 273.2413 65 m 287.02 251.459 . 8 Tm /TT2

Camper Name _____
First

Middle _____

Last _____ (For Camp Use) Cabin or Group _____ (For Camp Use) Session Code(s): _____



CAMPER HEALTH HISTORY FORM

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

Child Name:

First

Middle

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