

Health Information Form

Provide all health related information that the Camp may need to know so that the Camp Participant's experience is positive and safe. This form must be returned seven (7) days prior to the first day of the Camp.

Please note that there are no medical care facilities available for Participants on the University's campus. Medical care, if required, will be provided by the regional emergency medical services system.

Participant's Full Name: _____

Date of Birth: _____ Male Female

Medical Insurance Information

Participant's Full Name _____ Participant's Date of Birth _____

Insurance Subscriber's Full Name _____ Subscriber's Relationship to Participant _____

Insurance Company Name _____

Group and Policy Number _____

Emergency Contact Information

Contact #1	Contact #2
Name _____	Name _____
Phone _____	Phone _____
Email _____	Email _____

Does the Participant currently have any:

Drug allergies: No If Yes, specify: _____

Food allergies: No If Yes, specify: _____

Other allergies: No If Yes, specify: _____

Are there any health conditions (physical or mental) the Camp should be aware of, including conditions requiring the use of medication:

None If Yes, specify, _____

Is there any other conditions or information not provided that may require an accommodation, including for a disability, injury, or illness:

None If Yes, specify, _____

Participant:

Parent or Legal Guardian:

(Necessary if Participant is under 18 years of age)

Printed Name: _____ Printed Name: _____

Signature: _____ Signature: _____