

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

\_\_\_\_\_ (For Camp Use) Cabin or Group \_\_\_\_\_ (For Camp Use) Session Code(s): \_\_\_\_\_  
Middle Last





# 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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