

UD&M YOUTH CAMP HEALTH HISTORY

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

Current Residence: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact 1 (Parent or Legal Guardian)

Name/Relationship: _____ Phone: _____

Emergency Contact 2 (Other than above)

Name/Relationship: _____ Phone: _____

Primary Care Physician or other provider of medical care

Name: _____ Phone: _____

HEALTH INFORMATION

Is there any health information including physical, psychiatric, behavioral, developmental, etc. 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

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, Explain: _____

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:
<https://shorturl.at/byBFL>

Parent or Legal Guardian's Signature

Date