



### *Summer Camp/School* HEALTH & CONTACT INFORMATION FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Gr: \_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Father's Email \_\_\_\_\_

**Physical Conditions: Please note any conditions which affect your child and symptoms which may help us to identify possible problems:**

Allergies: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Insect or Other Allergies: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Asthma: \_\_\_ Yes \_\_\_ No (check one)

Seizures: \_\_\_ Yes \_\_\_ No (check one)

Diabetes: \_\_\_ Yes \_\_\_ No (check one)

Other: \_\_\_\_\_

**Health Conditions: Please list below any other conditions or health problems we should be aware of in order to provide the best care for your child.**

---

---

Child's Name: \_\_\_\_\_

**Emergency Contact: *Persons (other than parents) to contact in case of an emergency:***

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

**Pick-Up Information: *Person's (other than parents) who are allowed to pick up this child:***

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature