



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SUMMER CAMP PARTICIPANT HEALTH HISTORY FORM

## Information Record (Please complete and return before first day attending.)

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_

## Emergency Contacts (In case of emergency, please provide a contact.)

Emergency Contact	Relationship to Participant	Phone

**Please Read:** This form is intended to remind leaders and participants of the seriousness of attempting adventure activities with an old or preexisting injury, a heart condition or other condition which might be aggravated by the event.

Does the participant have any preexisting injuries (ankle, knee, back, neck, etc.) that might be aggravated by participating?  Yes  No

Does the participant take any current medications? \_\_\_\_\_  Yes  No

Does the participant have any heart problems or heart medications? \_\_\_\_\_  Yes  No

Does the participant have high blood pressure?  Yes  No

Does the participant have allergies (food, bees, insects, medications, etc.)?  Yes  No

Does the participant have any physical limitations? \_\_\_\_\_  Yes  No

What is the participant's current level of activity back home:  Low  Medium  High

**If you answered YES to any question above, please discuss that item with the camp leader.**

Please include any additional information that you feel is relevant:

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Signature \_\_\_\_\_ Date \_\_\_\_\_