



# Family Health History Form 2012

Fill out completely and send in with your registration form.  
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## Family Information - List name(s) of parent/guardian.

1: Last, First, M.I. \_\_\_\_\_

2: Last, First, M.I. \_\_\_\_\_

## Emergency Contact - other than parent/guardians.

Last Name, First \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_

## Health Information - Fill out for each participant and attach additional information if necessary.

Participant Name: \_\_\_\_\_  No known allergies or restrictions.

Food (or other significant) Allergies \_\_\_\_\_ Describe reaction and management of the reaction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Activity Restrictions - list or describe conditions which will impact camp participation or require special assistance.

\_\_\_\_\_  
\_\_\_\_\_

Participant Name: \_\_\_\_\_  No known allergies or restrictions.

Food (or other significant) Allergies \_\_\_\_\_ Describe reaction and management of the reaction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Activity Restrictions - list or describe conditions which will impact camp participation or require special assistance.

\_\_\_\_\_  
\_\_\_\_\_

Participant Name: \_\_\_\_\_  No known allergies or restrictions.

Food (or other significant) Allergies \_\_\_\_\_ Describe reaction and management of the reaction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Activity Restrictions - list or describe conditions which will impact camp participation or require special assistance.

\_\_\_\_\_  
\_\_\_\_\_

Participant Name: \_\_\_\_\_  No known allergies or restrictions.

Food (or other significant) Allergies \_\_\_\_\_ Describe reaction and management of the reaction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Activity Restrictions - list or describe conditions which will impact camp participation or require special assistance.

\_\_\_\_\_  
\_\_\_\_\_