CAMP INTERNATIONAL

2027 CAMPER HEALTH & MEDICAL FORM

Parent / Guardian Health Information

1. Camper & Parent / Guardian Information

Legal Last Name

Legal First Name

Date of Birth (YYYY-MM-DD)

Program / Camp

Program Start Date

Program End Date

Parent / Guardian Name

Email

Mobile Phone

2. Allergies & Dietary Needs

Allergies

☐ No known allergies ☐ This camper has allergies

Epinephrine auto-injector / EpiPen ☐ Yes ☐ No

Describe allergies, triggers, reactions, emergency steps, and where medication is carried / stored:

Diet & Nutrition

☐ Regular diet ☐ Vegetarian ☐ Vegan ☐ Lactose intolerant ☐ Gluten-free ☐ Other

Dietary details / food restrictions / religious requirements / pet-related allergy concerns:

3. Physical Activity, Accessibility & Restrictions

☐ Camper can participate in normal camp activities without restrictions.

☐ Camper can participate with restrictions, adaptations, or accessibility support.

Describe restrictions, accommodations, mobility needs, exercise concerns, or support instructions:

4. Immunization Record

Provide the date (MM/YYYY) for applicable immunizations, or attach a copy of the camper's immunization record.

Immunization	MM/YYYY	Immunization	MM/YYYY
DTaP / Tdap / Tetanus		Polio (IPV)	
MMR		Varicella / Chicken pox	
Hepatitis B		Hepatitis A	
Meningococcal (MCV4)		Other	

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5. Medication & Non-Prescription Authorization

List prescription medication, routine non-prescription medication, vitamins, and natural remedies.

☐ Camper does not take regular medication

Medication	Reason	Dose	Frequency	Time of Day

Non-prescription items Camp staff may administer as needed and according to label directions:

☐ Acetaminophen / Tylenol ☐ Ibuprofen / Advil ☐ Antihistamine ☐ Antacid ☐ Cough drops

Do NOT give / medication storage or administration instructions:

6. General Health History & Camper Support

Check Yes or No. Explain Yes answers or anything that may affect the camper's safety, participation, or support needs.

Health item	Yes	No	Health / support item	Yes	No
Asthma / shortness of breath	☐	☐	Fainting / dizziness	☐	☐
Seizures	☐	☐	Frequent headaches / migraines	☐	☐
Diabetes	☐	☐	Skin condition	☐	☐
Recurrent / chronic illness	☐	☐	Glasses / contact lenses	☐	☐
Recent infectious disease	☐	☐	Pain during exercise	☐	☐
Recent injury	☐	☐	ADD / ADHD or learning support	☐	☐
Surgery or hospitalization	☐	☐	Emotional / behavioral support needs	☐	☐
Back / joint problems	☐	☐	Mental health professional in past 12 months	☐	☐

Explain Yes answers, diagnoses, recent care, significant life events, support strategies, or other health information:

7. Parent / Guardian Medical Authorization & Signature

I confirm that the health information provided is accurate to the best of my knowledge. I authorize my child to participate in normal camp activities except as restricted above. If I cannot be reached in an emergency, I authorize Camp International staff to arrange appropriate medical care and to share relevant health information with healthcare providers when reasonably necessary for treatment.

Parent / Guardian - Print Name

Relationship

Date (YYYY-MM-DD)

Signature (type full name or sign in PDF app)