

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO
 YES, and youth camp participation was discussed with the camper's healthcare provider including including considerations related to risk of COVID-19. Explain health problems and considerations: _____

2. 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 reside **within** the United States, a United States territory, or the District of Columbia:

OR

For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides: _____

1. Country in which child resides: _____

2. Is this child exempt from any immunizations? NO
 YES, List them: _____

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Date: _____

Parent or Legal Guardian's Signature

MDH-4768 (06/2020)