

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: _____

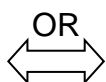
HEALTH INFORMATION:

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:



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)