



NATIONAL ATHLETIC VILLAGE

Camper Health History Form

This form expires after 3 months

Camper Name: _____ Date: _____

1st Emergency Contact

Name/Relationship: _____

Phone #: _____

2nd Emergency Contact

Name/Relationship: _____

Phone #: _____

Allergies: No known allergies

This Camper is allergic to: _____

Dietary Restrictions: _____

Description of any current physical, mental, or psychological condition requiring medication, treatment, or special restrictions or considerations while at camp? (Please note if your child carries an inhaler or epipen)

Immunization Information:

Is your child exempt from any immunizations? No

If yes, please explain: _____

Parent/Guardian Signature: _____

** We will only call 911 under three circumstances, your child is: bleeding profusely, stopped breathing, has no heartbeat.

**We will only use the information provided in the case of an emergency.