



**CAMP EAGLE'S CLIFF 2019
Camper Health History**

Name _____ Date of Birth _____

Address _____

City Town, State, Zip _____

Parent/Guardian _____ Phone _____

Address _____ City, Town, State, Zip _____

Emergency Contact Name and Phone Number _____

Insurance Carrier or Plan Name _____ Group No. _____

**Please attach photo copy of insurance card (front and back) to this form.
If possible, please attach a copy of the camper's most recent physical examination to this form.
Please list serious illnesses, injuries, and past surgeries on back of form.**

List medical allergies and describe reaction _____

List food allergies and describe reaction _____

List any disabilities that the camp should be aware of _____

List all medications being taken. Give reason and dosage _____

List all diet restrictions _____

Name of family physician _____ Phone Number _____

Name of family dentist _____ Phone Number _____

Signature of Parent _____ Date _____