

# **Shasta Family Camp Health Form**

*Please complete one form for each camper. Forms will be collected when the camper arrives.*

## ***Camper Information***

Camper's name: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Gender identity: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

## ***Primary Parent/Guardian***

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Home number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

## ***Parent/Guardian/Emergency Contact***

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Home number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

## ***Medical Insurance***

Is the camper covered by family medical/hospital insurance?  Yes or  No

If yes:

Insurance Carrier: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Phone number for policy: \_\_\_\_\_  
Policy Holder's Name/relation to camper: \_\_\_\_\_

## ***Prescription Medications***

If the camper plans to use any medications at camp, please describe the medication(s). (Note: state law requires that all prescription medications must be in their original container.)

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## ***Over-the-counter medications***

Please describe any over-the-counter medications that camp medical personnel are not permitted to use in treating or assisting the camper (including tylenol, aspirin, benadryl, etc.)

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***Allergies***

Please list any allergies, including food and environmental allergies, that the camper experiences. Please include symptoms and treatment information.

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***Dietary Restrictions***

Please list any food products that the camper is unable to eat. Please specify whether each dietary restriction is voluntary or a medical necessity.

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***Additional Health Conditions/Concerns***

Please explain any of the camper’s additional health conditions or needs, including asthma, learning/memory challenges, recurring illness/pain, and recent injury/illness. Also, please describe any emotional family or personal events this year.

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***Authorization***

“I acknowledge that this information is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in camp activities. I give consent in advance for medical treatment, including but not limited to diagnoses and tests, at an appropriate facility in case of illness or injury.”

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Printed name of camper (age 18+) or parent/guardian

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*Signature of camper or parent/guardian, date*