



Address
5333 Centerline Road
P.O. Box 610
Newaygo, MI 49412
231-652-1184
231-652-2542(fax)

CAMPER HEALTH HISTORY 2010

THIS FORM MUST COME TO CAMP WITH EACH CAMPER AND BE PRESENTED TO THE HEALTH OFFICER DURING A HEALTH SCREENING. **Please attach a copy of your Health Insurance Card.** THE FOLLOWING FORM MUST BE COMPLETED BY THE CAMPER'S PARENT OR GUARDIAN. THIS INFORMATION PROVIDES CAMP HEALTH CARE PERSONNEL THE BACKGROUND NEEDED TO PROVIDE APPROPRIATE CARE TO EACH CAMPER. ANY CHANGES TO THE INFORMATION PROVIDED BELOW SHOULD BE GIVEN TO CAMP HEALTH PERSONNEL UPON PARTICIPANT'S ARRIVAL AT CAMP. PLEASE PROVIDE COMPLETE AND ACCURATE INFORMATION. **Print please!**

CAMPER INFORMATION

NAME: _____
Last First Middle

BIRTH DATE: ____ / ____ / ____ AGE WHILE AT CAMP: _____ GENDER: Female Male

ETHNICITY: ASIAN AFRICAN-AMERICAN HISPANIC/LATINO WHITE OTHER _____

HOME ADDRESS: _____
Street City State Zip

SOCIAL SECURITY NUMBER OF PARTICIPANT (Last 4 Digits) - _____ OR Identification# _____

EMERGENCY CONTACT INFORMATION

CUSTODIAL PARENT / GUARDIAN NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

DAYTIME PHONE NUMBER: (____) _____ EVENING PHONE NUMBER: (____) _____

CELL PHONE NUMBER: (____) _____ PAGER NUMBER: (____) _____

SECOND PARENT / GUARDIAN NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

DAYTIME PHONE NUMBER: (____) _____ EVENING PHONE NUMBER: (____) _____

CELL PHONE NUMBER: (____) _____ PAGER NUMBER: (____) _____

IF PARENTS / GUARDIANS LISTED ABOVE ARE NOT AVAILABLE IN AN EMERGENCY,

CONTACT: _____ RELATIONSHIP TO CAMPER _____

ADDRESS: _____
Street City State Zip

DAYTIME PHONE NUMBER: (____) _____ EVENING PHONE NUMBER: (____) _____

CELL PHONE NUMBER: (____) _____ PAGER NUMBER: (____) _____

NAME OF CAMPER'S PHYSICIAN: _____ PHONE NUMBER: (____) _____

ADDRESS: _____
Street City State Zip

IS THE CAMPER COVERED BY FAMILY MEDICAL / HOSPITAL INSURANCE? Yes No

CARRIER OR PLAN NAME: _____ ID NUMBER: _____

CO-PAY AMOUNT _____

