

Canaan Farm's Camper Health History

(Please print carefully)

Name of participant: _____

1st Emergency Contact: _____ Phone (____) _____

(Parent or legal guardian)

2nd Emergency Contact: _____ Phone (____) _____

(Other than 1st contact)

Primary physician: _____ Phone (____) _____

Health information

1. Are there any health problems including physical, psychiatric, behavioral of which we need to be aware? No

If Yes, please explain:

2. Are there any dietary restrictions, medications, or special needs that we need to be aware of to make the participants experience a positive one?

3. For participants who reside in the United States, a US territory, or the District of Columbia:

a. What state do they reside? _____

b. Are they exempt from any Immunizations? No

If yes, please list them:

4. For participants who reside outside the United States, a US territory, or the District of Columbia.

a. Country in which child resides: _____

b. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Guardian signature:

_____ Date _____