

Health Conditions & Activity Restrictions

Does your child have any known health conditions that we may need to be aware of?

- No known health conditions.
- My child has the following health conditions:

Does your child have any known allergies that we may need to be aware of?

- No known health conditions.
- My child has the following health conditions:

Does your child have any restrictions on camp activities that he/she cannot participate in.

(These may be due to medical reasons and/or for parental reasons.)

- No activity restrictions.
- I would like for my child to NOT participate in the following activities:

If there are any other concerns not listed above, that we should be aware of, please let us know.

Name of Child _____

Signature of Parent/Guardian _____

Date _____

*All information is considered personal. Some information however, may be shared with other chaperones or leaders if necessary, for the safety of your child and the follow through of any restrictions.