



FAMILY CAMP PARTICIPANT HEALTH HISTORY FORM

This form must be completed for every member of your family who is attending and returned to 4-H Memorial Camp. All information will be kept confidential. If a minor is attending without their parent/guardian a full health form will need to be filled out by the parent/guardian and returned to camp.

Emergency contact Information: (Name): _____

Phone _____ Cell Phone _____

1. **Camper's name** _____

Male Female Prefer not to say Age: _____

Does this camper have any known allergies or health conditions requiring treatment, restrictions, or other accommodations while on site: Yes No

If so, please list:

Please list any over the counter medications this camper is taking:

2. **Camper's name** _____

Male Female Prefer not to say Age: _____

Does this camper have any known allergies or health conditions requiring treatment, restrictions, or other accommodations while on site: Yes No

If so, please list:

Please list any over the counter medications this camper is taking:

3. **Camper's name** _____

Male Female Prefer not to say Age: _____

Does this camper have any known allergies or health conditions requiring treatment, restrictions, or other accommodations while on site: Yes No

If so, please list:

Please list any over the counter medications this camper is taking:

4. **Camper's name** _____

Male Female Prefer not to say Age: _____

Does this camper have any known allergies or health conditions requiring treatment, restrictions, or other accommodations while on site: Yes No

If so, please list:

Please list any over the counter medications this camper is taking:

5. **Camper's name** _____

Male Female Prefer not to say Age: _____

Does this camper have any known allergies or health conditions requiring treatment, restrictions, or other accommodations while on site: Yes No

If so, please list:

Please list any over the counter medications this camper is taking:

6. **Camper's name** _____

Male Female Prefer not to say Age: _____

Does this camper have any known allergies or health conditions requiring treatment, restrictions, or other accommodations while on site: Yes No

If so, please list:

Please list any over the counter medications this camper is taking:

7. **Camper's name** _____

Male Female Prefer not to say Age: _____

Does this camper have any known allergies or health conditions requiring treatment, restrictions, or other accommodations while on site: Yes No

If so, please list:

Please list any over the counter medications this camper is taking:

8. **Camper's name** _____

Male Female Prefer not to say Age: _____

Does this camper have any known allergies or health conditions requiring treatment, restrictions, or other accommodations while on site: Yes No

If so, please list:

Please list any over the counter medications this camper is taking:

9. **Camper's name** _____

Male Female Prefer not to say Age: _____

Does this camper have any known allergies or health conditions requiring treatment, restrictions, or other accommodations while on site: Yes No

If so, please list:

Please list any over the counter medications this camper is taking:



10. **Camper's name** _____

Male Female Prefer not to say Age: _____

Does this camper have any known allergies or health conditions requiring treatment, restrictions, or other accommodations while on site: Yes No

If so, please list:

Please list any over the counter medications this camper is taking:

Medical Privacy Statement: *It is the policy of University of Illinois Extension 4-H Youth Development Programs to keep any medical information it may have regarding 4-H Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to Extension staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are responsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian.*

I understand that any accident insurance in effect (IF PROVIDED) for the event does not cover pre-existing conditions or self-inflicted injuries.

SIGNED: _____
Parent or Guardian

DATE: _____