

## **CONFIDENTIAL**



## **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 Does this camper have any known allergies or he while on site: Yes No If so, please list:	Age:ealth conditions requiring treatment, restrictions, or other accommodations
Please list any over the counter medications this	camper is taking:
2. Camper's name  Male Female Prefer not to say Does this camper have any known allergies or he while on site: Yes No If so, please list:	Age:ealth conditions requiring treatment, restrictions, or other accommodations
Please list any over the counter medications this	camper is taking:
3. Camper's name	Age:ealth conditions requiring treatment, restrictions, or other accommodations
Please list any over the counter medications this	camper is taking:
4. Camper's name  Male Female Prefer not to say  Does this camper have any known allergies or he while on site: Yes No  If so, please list:	Age:ealth conditions requiring treatment, restrictions, or other accommodations
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:
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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 No
If so, please list:
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Please list any over the counter medications this camper is taking:
7. Ocumente mana
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 No
If so, please list:
Please list any over the counter medications this camper is taking:
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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 No
If so, please list:
Please list any over the counter medications this camper is taking:
0.00
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 No
If so, please list:
Discourse Parties and a second second Parties of Partie
Please list any over the counter medications this camper is taking:



Parent or Guardian

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Male	10. Camper's name	
Wedical 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 if 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 a mergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, eveneffort 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		
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