

CAMP LITTLE PEOPLE HEALTH HISTORY FORM

A separate health form is required for every camper at Camp Little People. If the info in the yellow box is the same for all campers, you can fill this section out once on page 1 and write "same" on the other forms.

Camper/ Parent/Guardian 1:

Name: DOB: Age: Gender:

Address:
Street/Number City/Town State ZIP Code

Home Phone: Cell: Email:

Emergency Contact (person not attending camp):

Name: Phone: Relationship:

In case of injury, which hospital do you prefer to be transported to? (Check one):

Bloomsburg Hospital Berwick Hospital Geisinger Medical Center

Health Insurance Carrier Name:

Group Number: Subscriber Number:

Primary Care Physician: Phone:

Current Medications and Dose:

Type of Dwarfism: Operations or serious injuries and dates:

Important information needed in case of emergency:

COVID-19 Vaccine Info:

Manufacturer:

Date(s) Rec'd:

Are all your immunizations up to date? YES NO Date of last Tetanus Shot?

Health History (check off all conditions that apply):

Seizures Hypertension Diabetes Bleeding/Clotting disorders Heart defect/disease

OTHER (explain):

Allergies (check off all conditions that apply):

Penicillin Insect Stings Asthma Environmental Hay Fever

Food (explain): OTHER (explain):

Dietary Restrictions: