

Health Information Form

Critter Camp at Cathy's Critters

Confidential Health Information Form

Participant's Name _____

Date of Birth _____ (mm/dd/yy) Height _____ Weight _____

Does your child take any medication(s) on a regular, on-going basis? If yes, please list:

Has your child been diagnosed with any emotional or behavioral problems? If yes, please explain:

Does your child have any of the following? If yes, please explain type and severity:

Medication Allergies NO YES _____

Food Allergies NO YES _____

Other Allergies NO YES _____

Asthma NO YES Require epinephrine or hospital? _____

Diabetes NO YES Require insulin? _____

Epilepsy NO YES Explain: _____

Any other health conditions that may need to be considered? If yes, explain:

Immunization Record:

Please attach an immunization record stating your child's most recent tetanus booster from your child's primary care physician.

Parent's or Guardian's Signature _____

Date _____