

# 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 \_\_\_\_\_