



Camper Medical Profile

For:

Date Completed:
Last Updated:
Birthdate:
Age:
Gender:

Health Care Provider

Current Physician Name

Current Physician Address

Current Physician Phone Number

Health Insurance

Primary Insurance Provider

Primary Insurance ID #

Primary Insurance Policy Holder's Name

Secondary Insurance Provider

Secondary Insurance ID #

Secondary Insurance Policy Holder's Name

Health Overview

Does your camper have a history of seizures?

☐ Yes☐ No

If your camper has seizures, please specify the type, how often they occur, and what recovery typically looks like for your camper.

Please provide any additional information about your camper's health including use of a catheter, heart monitor, CPAP machine, or any other medical device.

Does your camper have any constipation or bowel issues?

☐ Yes☐ No

If yes, please explain issue and what helps to alleviate the issue

Allergies

Does your camper have a bee or wasp sting allergy?

☐ Yes

☐ No

Does your camper have any drug allergies?

☐ Yes

☐ No

Please list drug allergies

Does your camper have any other allergies?

☐ Yes

☐ No

Please list camper's other allergies

Dietary Needs

Is your camper on a specific diet?

☐ No

☐ Vegetarian

☐ Celiac's Gluten Free

☐ Vegan

☐ Gluten Free

☐ Feeding Tube

☐ Dairy Free

☐ Other (please indicate below)

☐ Casein Free

Please provide details about your camper's dietary needs

Does your camper have any food allergies?

☐ Yes

☐ No

Please list your camper's food allergies

Please provide any other information about your camper's dietary needs or meal time routines, including use of assistive feeding devices.

If your camper eats a limited variety of foods (ie: only eats chicken nuggets), you may be asked to provide food to be prepared for your camper. Please reach out to our Camp Director if you would like to discuss your camper's food needs.

COVID-19 Vaccine

Has your camper received the COVID-19 vaccination (please check all that apply)?

☐ No

☐ Yes