



Contact and Health Form

Participant Name _____

Nickname _____

Address _____

City _____ State _____

Zip Code _____ Phone () _____

Parent's E-mail Address: _____

Age on arrival to camp _____

Birthday (mo/day/year) _____

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name: _____

Home Phone #: _____

Relationship to Camper: _____

Cell Phone # _____

Email _____

Work Phone # _____

Allergies:

No known allergies Allergic to food Allergic to medicine

Allergic to the environment (insect stings, hay fever, etc.) Other

Diet/Nutrition:

This camper eats a regular diet This camper eats a vegetarian diet

This camper has special food needs (please describe)_____

Medication:

This camper will not be taking any daily medications at camp.

This camper will be taking the following medication(s) while at camp:

Parent/Guardian Authorization agrees that the health information provided is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all camp activities. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with BBHA staff. I give permission to photocopy this form.

Signature Parent/Guardian_____

Date_____