



– BUFFALO NIAGARA –
HERITAGE VILLAGE

DAY CAMP HEALTH FORM

Name/Date(s): _____

The health form is kept confidential and used by our staff (or emergency medical personnel). Every camper needs a completed health form to participate in any summer camp programs. Please fill out this form as completely as possible. Thank you!

SECTION I – BASIC CONTACT INFORMATION

Camper Name _____ (LAST FIRST MIDDLE)
Birth date ____/____/____ Age ____ Gender: MALE / FEMALE
Home Address _____
Home Phone _____

Parent/Guardian #1

Name _____
Relationship: _____ Day Phone _____
Night Phone _____
Day Phone is: HOME / WORK / CELL
Night Phone is: HOME / WORK / CELL

Parent/Guardian #2

Name _____
Relationship: _____ Day Phone _____
Night Phone _____
Day Phone is: HOME / WORK / CELL
Night Phone is: HOME / WORK / CELL

Additional Emergency Contact (In case we can't reach you)

Name _____
Relationship _____
Day Phone _____ Night Phone _____
Day Phone is: HOME / WORK / CELL
Night Phone is: HOME / WORK / CELL

Family Physician

Name _____ Phone _____
Dentist/Orthodontist Name _____ Phone _____



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SECTION II – INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? YES / NO

If yes, indicate Insurance Carrier _____ Group # _____

Policy # _____ Policy Holder's Name _____

Relationship to child _____

Date of Last Physical Exam _____

SECTION III –

Physical Activities to be Limited or Restricted while at Camp

Medical conditions our staff should be aware of

Behavioral strategies that will help staff and your child work together

SECTION IV – AUTHORIZATION

My child has permission to engage in all camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature of Parent or Guardian

X _____