## **CAMP HOWARD 2021**





Camper's Name:		Date of Birth:
Please answer the following questions and bring/send t	he completed	l form with your camper for thier first day of camp.
These forms <b>MUST</b> be completed and turned in before Thank you in advance for your assistance.	your campe	boards the bus (or is dropped off at camp).
Has your camper had diarrhea in the past 2 weeks? If YES, please explain:	YES	NO
In the last 72 hours has the camper:		
Fever?  If YES, please explain:	YES	NO
Unknown Rash?  If YES, please explain:	YES	NO
Recent/new sniffling or sneezing?  If YES, please explain:	YES	NO
Been exposed to any communicable diseases?  If YES, please explain:	YES	NO
Any recent falls or injuries?  If YES, please explain:	YES	NO
Had ANY changes to their general health?  If YES, please explain:	YES	NO
Had ANY changes to their medications? If YES, please explain:	YES	NO
Had ANY recent vaccinations?  If YES, please explain:	YES	NO
As the parent/guardian of the camper named above regading my child's recent health.	e, attest to t	he accuracy of the information provided above
Parent/Guardian Signature:		Date: