



HATCC YOUTH SUMMER CAMP 2017

MEDICAL FORM (Campers and Counselors)

CAMPER INFORMATION		
Name of Participant:		Gender: Male ___ Female ___

Does your participant have any recurring or chronic condition(s)? Y / N

If yes, please provide all the details: _____

Does your participant have any allergies? Y / N

If yes, please provide all the details: _____

(Following question is only for counselors)

Do you have any condition that might limit your ability to watch over/safeguard children? Y / N

If yes, please explain in detail: _____

Name of Physician: _____ Phone #: _____

If there is any additional health information or special concerns about your camper that you think are important or that may impact your camper's ability to participate in camp programs and activities, please contact a member of our staff via phone or email so we may make note of it and inform your camper's counselors/coaches.

Parent/Guardian Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____

THIS FORM MUST ACCOMPANY THE COMPLETED CAMP APPLICATION FORM