

**Waynz World 2007 Summer Day Camp
Health Form**

Camper Information

Last Name: _____ First Name: _____

Emergency Contact Information

Emergency Contact (Primary): _____

Relationship to Child: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Emergency Contact (Secondary): _____

Relationship to Child: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Insurance Information

Health Insurance Provider: _____

Policy Holder Name: _____

Policy Number: _____

Physician Information

Name – Physician: _____ Phone: () _____

Address: _____

Health History/Condition

List any Medical Conditions your child has: _____

List any Allergies your child has: _____

List any Medications your child is currently taking: _____

Any additional Medical Information on your child: _____

If your child will need to keep any medication(s) at Waynz World Summer Day Camp, please clearly label and send them in a zip lock bag. Also include any special instructions for each medicine. _____

Signature – Parent or Guardian

Date Signed
