



Play+ Camp Additional Health Questions

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate any information regarding disabilities or special health care needs such as: allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease.

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Please indicate the presence of any known medical or emotional illness or disorder that poses a risk to other children or which affects the child's functional ability to participate safely in a youth camp.

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_