Health History Form for Kids Attending BMA Camp

Dates of Camp Attendance: June 10-13, 2024

THIS FORM MUST ACCOMPANY ANY PERSON ATTENDING CAMP

The Information on this form is not part of the camper acceptance process but is gathered to assist us in identifying appropriate care. Health history must be filled out by parents/guardians of minors. Updated information is required annually.

(Please Print Information)

Name F	Birth Date	_// _	Age	at Camp
Last First M.I.				
Home AddressStreet Address	City		State	Zip Code
Social Security Number of Participant		Gender:		☐ Female
Custodial Parent/Guardian		_ Phone (
		_ 1 none ()	
Home Address (If Different From Above) Street Address	City		State	Zip Code
Business Address Street Address	City		State	Zip Code
Additional Contact No. () Bus	*) -		Ext
IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:		/		<u> </u>
Name		Phone ()	
Relationship to Camper				
AddressStreet Address	City		State	Zip Code
INSURANCE INFORMATION:				
Is the Participant Covered by Family Medical/Hospital Ins	urance? ☐ Yes	□ No		
If so, Indicate Carrier or Plan Name Photocopy of front and back of Health Insurance Ca	rd must be attac	ched to this 1		
If so, Indicate Carrier or Plan Name	rd must be attac	ched to this 1	form.	
Parent/Guardian Authorization: This Health History is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health	rd must be attact be completed In the event I can	thed to this is	form. I camp! I in an emerge staff, camp to secure an	gency, I hereby give administrators, and and administer
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