**HEALTH INFORMATION STATEMENT:**
Check below any information you feel the staff may need to maximize the safety and the well being of the attendee. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate important information. This information is confidential.

- [ ] Are you under any exercise restrictions by a physician
- [ ] Neurological Disorders (epilepsy, emotional stress, convulsion)
- [ ] Lung Disease (asthma, persistent cough, tuberculosis)
- [ ] Disease of Heart or Blood Vessels, High or Abnormal Blood Pressure
- [ ] Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever)
- [ ] Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis)
- [ ] Arthritis, Kidney or Bladder Disease

*Parents/Guardians must complete and sign this form in order to finalize a campers registration and allow participation in camp activities. A doctor’s physical exam is not necessary—only general medical information is required*. 

(OVER) →
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