



Health History Emergency Contact & Release Form

Camper Name *Birthdate* *Gender*

Address *City, State, Zip*

Contact

Parent/Guardian	Parent/Guardian
Address	Address
Phone	Phone
Cell Phone	Cell Phone
email	email

Please list below at least one emergency contact that has transportation and can pick up a sick child during camp hours.

Parent/Guardian	Parent/Guardian
Address	Address
Phone	Phone
Cell Phone	Cell Phone
email	email

Health Concerns / Allergies: (check if yes)

Asthma _____ Food Allergies _____ Other _____

Allergy explanation include severity of reaction (if touched, ingested)

Medications for above (include Epi-pen or inhaler)

Will your child be taking any other medications (including over the counter medications) while at camp?

All medications must go directly to the GreenApple site director with a completed Medical Information Sheet. Prescribed Epi-pen and inhaler must be at the GreenApple program site and requires completion of an additional permission form.