

Cougar Kids Camp
Participant Health Form

*Return this form to the address below
prior to first date of enrollment in camp*

Cougar Kids Camp
PO Box 641830
Pullman, WA 99164-1830

Fax: 509-335-4444

Participant Name: _____
First Middle Last

Attendance Dates: from: _____ to _____

Male Female Birth Date _____ Age on arrival at camp: _____
Mont/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

1. Complete pages 1, and 2 of this form (and make a copy for yourself).
2. Send the original, signed form to camp by requested date.

Participant Home Address: _____
Street Address City State Zip Code

Parent/guardian with residential placement and/or decision-making authority in the event of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (____) _____ (____) _____ Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian with legal responsibility/authority to be contacted in case of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (____) _____ (____) _____ Email: _____

Additional parent/guardian to be contacted in case of illness or injury:

Name: _____ Relationship to Participant: _____

Preferred Phones: (____) _____ (____) _____ Email: _____

Allergies: No known allergies. This participant is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the participant is allergic to and the reaction seen, in detail. Please describe preventative or responsive measures.)

This participant has a life-threatening allergy. An emergency care plan signed by physician is required.

Diet, Nutrition: This participant eats a regular diet. This participant eats a vegetarian diet (describe details below).
 This participant has special food needs. *(Please describe below.)*

Immunizations:

- My child is up-to-date on his/her immunizations and tetanus shots as required by Washington State law.
- My child has an immunization exemption on file with his/her school. I understand and accept the risks to my child from not being fully immunized.
- My child has not been immunized. I understand and accept the risks to my child from not being fully immunized.

General Health Information :

NOTE: It is strongly recommended that parents/legal guardians consult a physician prior to allowing their child to participate in physical activity.

Are there any medical concerns which the camp staff should be aware of? **Attach additional information if needed.**

Camper Name: _____
First

Middle

Last

(For Camp Use) Weeks Attending) _____

