Please fill out this form, print it (or print & fill out), and bring to your camper's first day of camp.

Destination Science Camper Health History Form

*To Parents/Guardians: We are so excited to have your child join us for a week of hands-on science. To ensure the health, safety, and success of your child while at camp, please complete this **required form** and turn it in to your child's Teacher on the first day of camp. If you have any questions give us a call at 714-289-9100. Thank you! –The Destination Science Team*

Camp Location (City): _____ **Date(s)** _____

_____	_____	_____	_____
Camper First Name	***Last Name***	***DOB (MM/DD/YYYY)***	
_____	_____	_____	_____
Camper's Street Address	***City***	***State***	***Zip Code***
_____	_____	_____	_____
Parent/Guardian First Name	***Last Name***	***Relationship to Camper***	***Cell Phone Number***
_____	_____	_____	_____
Emergency Contact First Name	***Last Name***	***Relationship to Camper***	***Preferred Phone Number***

Allergies

Does your child have any know allergies?	***YES*** ***NO***	***LIST ALLERGIES:***
If allergic, what are his/her symptoms?		
If allergic, what is the action plan for reaction?		
Does your child carry an EpiPen?	***YES*** ***NO***	*****If yes, please show staff the location of EpiPen & write location here:***

Restrictions

YES ***NO***	I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations: (please describe below)
YES ***NO***	I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations: (please describe below)

All immunizations required for school are up to date: ***YES*** ***NO***

Date of last tetanus shot (MM/YYYY): _____

Date of MMR vaccine (measles) (MM/YYYY):_____

Mental, Emotional, and Social Health

YES ***NO*** Does your child have any current physical, mental emotional, social, or developmental conditions that require medication, treatment, or special restrictions or considerations while at camp? IF YES, please explain below and discuss with the teacher at camp.

Parent/Guardian Authorization

This health history is correct and accurately reflects the health status of the camper. The person described has permission to participate in all camp activities except as noted by me and/or physician. If I cannot be reached in an emergency, I give my permission to the physician to provide necessary emergency care. I understand the information on this form will be shared on a "need to know" basis.

_____	_____	_____	_____
Please Print Parent/Guardian Name (FN/LN)	*Parent/Guardian Signature*	*Date*	*Relationship to the camper*