Educational Camp Programs Medical Information Form



The Medical Information Form is kept confidential and used by our day camp program staff (or emergency medical personnel). Every camper needs a completed health form **prior** to beginning camp. Completed Medical Information Forms can be faxed to 281-283-7724 or emailed as an attachment to camps@spacecenter.org.

Camper Information	PLEASE PRINT N	EATLY						
Camper's First Name	Middle	Last Name			Date of Birth	Age	Male Gender	Female
Contact Parent/Guardian #1				elationship		Daytime Phone		
Contact Parent/Guardian #2				elationship		Daytime Phone		
Additional Emergency Contact (in case we can't reach YOU				elationship		Emergency Contact #		
Allergies No known allergies Ca Please list allergies. Descu	-	-	Food t.	Medicine	Environment			
In the case of food allergi	es, does the	camper eat a s	pecial diet?	YES NC) (if yes, please desc	ribe specia	ll food needs.)	
*Please note that Space (Please indicate action to		•			-	ion (mild o	r severe)	
Does the camper have an	EpiPen?	YES NO						
Restrictions I have reviewed the pro- I have reviewed the pr	-						ons or adaptat	ions.

Please describe.

Parent/Guardian Authorization

My child has permission to engage in all prescribed camp activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including activity limitations which should be known to the camp staff and medical personnel. I give consent in advance for medical treatment at the closest facility in case of illness or injury.