



WASHINGTON, DC CAMPER HEALTH HISTORY

Camper's Name: _____
FIRST LAST

This Health History Record must be completed and faxed or mailed to the Headfirst Summer Camps Headquarters **on or before June 1**. If you are enrolling after this date, please fax or mail your forms immediately. Please do not bring this form to camp.

Per the Washington, DC regulations campers are NOT allowed to attend camp until all required health information has been submitted to Headfirst Summer Camps.

Please return this form to: Headfirst Camps Attn: Health Forms • 2440 Wisconsin Ave., NW • Suite 201 • Washington, DC 20007
Phone: (202)625-1921 Fax: (202)249-1047

The following information is required for a camper to be admitted:

CAMPER IMMUNIZATION INFORMATION

All campers must be current on all immunizations, see www.EDCP.org (Immunization)

1. Provide date (month and Year) of camper's last tetanus (or DTP) shot: _____ / _____
mm yyyy

2. Is the camper currently enrolled in a Washington, DC school, public or private?

YES, _____
Name of Washington, DC School

NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. **See www.EDCP.org** (Immunization) for information.

3. Is the camper exempt from any immunization on medical or religious grounds?

YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

NO

CONTACT INFORMATION:

Parent or legal Guardian: _____ Phone (____) _____

Emergency Contact Person: _____ Phone (____) _____

Camper's Physician: _____ Phone (____) _____

HEALTH INFORMATION: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive:

Parent or Legal Guardian's Signature: _____ Date: _____