

NAME \_\_\_\_\_  
YEAR 2025 \_\_\_\_\_

ROOM \_\_\_\_\_

NAME \_\_\_\_\_

# Health History Form for Youth Attending BMA Camp

Dates of Camp Attendance: **June 9-12, 2025****THIS FORM MUST ACCOMPANY  
ANY PERSON ATTENDING CAMP**

The Information on this form is not part of the camper acceptance process but is gathered to assist us in identifying appropriate care. Health history must be filled out by parents/guardians of minors. Updated information is required annually.

(Please Print Information)

Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age at Camp \_\_\_\_  
Last First M.I.Home Address \_\_\_\_\_  
Street Address City State Zip CodeSocial Security Number of Participant \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: ☐ Male ☐ Female

Custodial Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_  
(If Different From Above) Street Address City State Zip CodeBusiness Address \_\_\_\_\_  
Street Address City State Zip Code

Additional Contact No. ( ) \_\_\_\_\_ - \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip Code**INSURANCE INFORMATION:**Is the Participant Covered by Family Medical/Hospital Insurance? ☐ Yes ☐ No

If so, Indicate Carrier or Plan Name \_\_\_\_\_ Group # \_\_\_\_\_

**\* Photocopy of front and back of Health Insurance Card must be attached to this form.****Important – These boxes must be completed to attend camp!**

Parent/Guardian Authorization: This Health History is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

In the event I cannot be reached in an emergency, I hereby give permission to the camp medical staff, camp administrators, and physicians selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

I hereby release the camp and staff from any and all liability for any actions taken by them pursuant to this authorization.

Signature of Parent/Guardian or Adult Camper/Staff

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of Camper \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_