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| 10) Has the participant ever had a seizure?                                   | Yes | No |
| 11) Does the participant have Epilepsy?                                       | Yes | No |
| 12) Has the participant ever had high blood pressure?                         | Yes | No |
| 13) Has the participant ever been diagnosed with a heart murmur?              | Yes | No |
| 14) Does the participant have an orthodontic appliance being brought to camp? | Yes | No |
| 15) Does the participant have any skin problems (itching, rash, etc.)?        | Yes | No |
| 16) Does the participant have diabetes?                                       | Yes | No |
| 17) Does the participant have asthma or another breathing disorder?           | Yes | No |
| 18) Has the participant had mononucleosis in the past 12 months?              | Yes | No |
| 19) Has the participant ever been treated for ADD, ADHD or Asperger's?        | Yes | No |
| 20) Has the participant ever had back problems?                               | Yes | No |
| 21) Has the participant ever had problems with joints (knees, ankles, etc.)?  | Yes | No |

Please explain all "yes" answers here, noting the number of the question:

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Please provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp staff should be aware. Also, include any information relating to the participant's vaccinations and immunizations.

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**ALLERGIES**

Please list ALL known allergies to:

**Medication:**

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Describe reaction and management of reaction:

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**Food:**

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Describe reaction and management of reaction:

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**Other (bee sting, hay fever, etc.):**

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Describe reaction and management of reaction:

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