



Blackwood Nature Camp

It's about a sense of wonder!

Health History for Children, Youth, and Adults Attending Blackwood Nature Camp

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form is to be filled in by parents/guardians of minors or by adults themselves.

Name _____ Birth Date ____/____/____ Age at Camp _____ Male Female
Last First Middle

Home Address _____

Parent/Guardian _____ Home Phone _____ Cell _____

Home Address (if different from Child's) _____

Business Address _____ Business Phone _____

Parent/Guardian _____ Home Phone _____ Cell _____

Home Address (if different from Child's) _____

Business Address _____ Business Phone _____

If neither parent (above) is available, in Emergency, notify:

Name _____ Home Phone _____ Cell _____

Address _____ Relationship to Participant _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate Carrier or Plan Name _____ Insurance ID # _____ Group # _____

Address of Carrier _____

Name of Insured _____ Relationship to Participant _____