HEALTH QUESTIONNAIRE

Name *(Last, First, M.I.):* ☐ M ☐ F	**DOB:**

PERSONAL HEALTH HISTORY

Does your child have any medial conditions that our trainers and coaches need to know about?

List any medical diagnosis or injuries in the last 6 months		
Year	Diagnosis	Additional Comments

List your child's medications		
Name the Medication	Strength	Frequency Taken
Allergies		
Allergy	Reaction Your Child Has	

ADDITIONAL QUESTIONS

Does your child wear glasses?	☐ Yes	☐ No
Does your child wear contact lenses?	☐ Yes	☐ No

Does your child suffer from asthma?	☐ Yes	☐ No
Is your child currently being treated for an injury or illness?	☐ Yes	☐ No
Has your child been withheld from participating in sports activities?	☐ Yes	☐ No
The JGF is dedicated to removing barriers and opening access for all campers. If your child has a disability that requires accommodations, please share specific requests below.		

MEDICAL INSURANCE

Medical Insurance		
Policy Number		
Group Number		
Insured Name		
Insured Relationship To Camper		

PHYSCIAN INFORMATION

Child's Physician		
Physician's Address		
Physician's Phone Number		

EMERGENCY INFORMATION

Emergency Contact Name		
Relationship To Child		
Emergency Contact's Phone Number		