



Weber District Art Camp  
at the Environmental Center

Camper Name \_\_\_\_\_

*Last name*

*First name*

*Middle init.*

☐ M ☐ F Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Custodial parent/guardian \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

*City*

*State*

*Zip Code*

## Art Camp Health History Form

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. Health history must be filled out by parents/guardians of minors or by adults themselves. Updates required annually.

Camper's first time at camp? ☐ Yes ☐ No

### Please Read:

- Return Health History Form to: Art Camp, C/O Fremont High School Attn: Michelle Montierth 1900 N. 4700 W. Plain City, Utah 84404
- Keep a copy of the completed form; notify Art Camp of any changes in writing.
- Having adequate health information about your camper is crucial to our ability to provide a supportive environment. We rely on you to tell us what we need to know about your camper.
- Our health care provider and leadership staff have access to the information provided on this form.
- This form must be signed by a parent/guardian.

### PLEASE REVIEW THIS IMPORTANT INFORMATION BEFORE COMPLETING THIS FORM:

- ▶ Please return this form at least two weeks before your camper comes to Weber District Art Camp.
- ▶ Please include a photocopy of the camper's health insurance card (front and back) with this form.

### Insurance Information

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

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

**Photocopy of the front and back of the camper's health insurance card must be attached to this form.**

Name of Physician \_\_\_\_\_ Physician Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**Allergies:** please check ALL that apply

☐ This camper has no known allergies

☐ Food (explain) \_\_\_\_\_

☐ Medication (explain) \_\_\_\_\_

☐ Other (explain) \_\_\_\_\_

Please explain any health problems or special needs of your child: \_\_\_\_\_

**When We Need To Talk With You** - We will certainly call in an emergency, but we'll also call if we have questions about your camper's health. If we cannot reach you, provide contact information for other people who know your camper and with whom we can consult. We assume you have spoken to these alternative contacts and they are willing to assist should the need arise.

Custodial parent/guardian: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Year:

First Name:

Last Name: