

THE CATHOLIC UNIVERSITY of AMERICA



Health Information Form

Please provide any health related information that you believe the Camp may need to know so that the Camp Participant's experience is positive and safe. This form must be returned seven (7) days prior to the first day of the Camp.

Please also note that there are no medical care facilities on the University's campus over the summer. Medical care, if required, will be provided by the regional emergency medical services system.

Participant's Full Name: _____

Date of Birth: _____ Male Female

Does the Participant currently have any:

Drug allergies: No Yes, _____

Food allergies: No Yes, _____

Other allergies: No Yes, _____

List any current medications that the Participant will be bringing:

None Yes, _____

List any other health problems the Camp should be aware of:

None Yes, _____

List any other condition or information not listed on this form that may require an accommodation for a disability:

None Yes, _____

