



Family Camp Health Form

Please complete and return this form to camp at least 2 weeks prior to your arrival. The information on this medical form is gathered to assist NaCoMe staff in identifying the best appropriate care. Health history must be filled out by parents/guardians of minors. We ask that the information below is filled out thoroughly and to the best of your ability for your family. Receiving this in advance will allow us to adequately prepare for your specific needs. You are also welcome to fill out this form online. Simply return to the online registration website, and locate the Health Form under the "Forms" section of the Dashboard.

If you wish to fill out the paper copy, please return it to us at least 2 weeks prior to attendance to one of the following:

Email: program@nacome.org
NaCoMe Camp
Attn: Kayla Schultz, Program Director
3232 Sulphur Creek Road
Pleasantville, TN 37033

Contact Information

Registering Attendee Name _____ Birthday (MM/DD/YYYY) _____
Last First Middle

Additional Attendee Name _____ Birthday (MM/DD/YYYY) _____
Last First Middle

Additional Attendee Name _____ Birthday (MM/DD/YYYY) _____
Last First Middle

Additional Attendee Name _____ Birthday (MM/DD/YYYY) _____
Last First Middle

Additional Attendee Name _____ Birthday (MM/DD/YYYY) _____
Last First Middle

Emergency Contact *(Please list 2 contacts who will not be at camp)*

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Health History

Please list all known allergies for your family, including medication, food, and other allergies (insect stings, hay fever, asthma, ivy poisoning, animal dander, etc.) Describe the reaction and management of the reaction. If none, please write "none." Please consider each person in your family who will be attending. _____

Do any of the campers take medications on a routine basis? If yes, please list all medications for your family campers and specify which medications are taken by which camper(s). If no medications are taken, please enter "none." Please consider each person in your family who will be attending. _____

Do you have a health condition or anything else that may impact your ability to participate in activities? Yes No
Please explain if yes: _____

Are there any other medical issues or problems that we should be aware of? _____

Statement of Agreement

I understand that my family's health information will be shared with camp staff on a "need-to-know" basis. There will be a nurse and infirmary on site for our use but, as an adult, I retain primary responsibility for managing my and my family's health status while at camp. I agree to inform the camp of any changes that might impact our participation.

Signature _____ Date _____