4-H Camp Health Form

A health form for 4-H campers where parents record medical information, allergies, and contacts so camp staff can respond to health needs. Print it, complete each field clearly, and return it to the person in charge.

Farm / unit: _____ Date: _____ By: _____

Camper name and club _____

Date of birth (per your state form) _____

Parent or guardian name and phone _____

Allergies and dietary needs _____

Medical conditions to know about _____

Current medications as directed _____

Doctor name and contact _____

Insurance information as required _____

Parent consent signature _____

NOTES / CALCULATIONS

TIP Keep completed forms private, stored securely, and shared only with staff who need them at camp.